SECTION A: GENERAL INFORMATION

Date: __________________________ Start Time: __________ AM/PM End Time*: __________ AM/PM
Space ID: __________________________ Location: __________________________
Space Description: __________________________ Reason for Entry: __________________________

Trained Entry Team
Entry Attendant: __________________________ Authorized Entrant: __________________________
Entry Supervisor: __________________________ Authorized Entrant: __________________________

Rescue Team: __________________________ Notification (method, date, & time): __________________________

*Permit valid for duration of work not to exceed a single shift or not greater than eight hours. Permit to remain at space for the duration of the entry.

SECTION B: PRE-ENTRY PLAN

REQUIREMENTS TO BE COMPLETED PRIOR TO ENTRY (Check either yes, no, or enter N/A for items that do not apply)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area security and barricades</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Control of Hazardous Energy (LOTO)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>Thermal</td>
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<tr>
<td>Personal Protective Equipment</td>
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<td>Protective coveralls:</td>
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<td>Protective Gloves:</td>
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<td>Respiratory Protection:</td>
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<tr>
<td>Lines broken, capped, or blanked</td>
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<tr>
<td>Head Protection (hard hat)</td>
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<tr>
<td>Space purged, flushed, and/or vented</td>
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<td>☐</td>
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<tr>
<td>Hot Work (welding, cutting, burning)</td>
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<tr>
<td>Lighting (Intrinsically safe) - ☐</td>
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<tr>
<td>Ladder</td>
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<tr>
<td>Retrieval Equipment</td>
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<tr>
<td>Fire Extinguisher</td>
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</tr>
</tbody>
</table>

Describe all equipment and procedures required for entry:

Describe method of communication to be utilized during entry:

Air Monitoring Equipment

Atmospheric Hazards/Sensors (list all):
Manufacturer: __________________________ Date of last annual calibration: __________________________
Model: __________________________ Date and time of bump test: __________________________

Air Monitoring Equipment

Atmospheric Hazards/Sensors (list all):
Manufacturer: __________________________ Date of last annual calibration: __________________________
Model: __________________________ Date and time of bump test: __________________________

SECTION C: ATMOSPHERIC TESTING – Only personnel trained in the operation of specific air monitoring devices

Air Monitoring (record results every 30 minutes)

<table>
<thead>
<tr>
<th>Test to be taken</th>
<th>Permissible Entry Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Oxygen</td>
<td>19.5% - 23.5%</td>
</tr>
<tr>
<td>Combustible Vapors</td>
<td>Under 10%</td>
</tr>
<tr>
<td>Hydrogen Sulfide</td>
<td>Less than 10 ppm</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>Less than 35 ppm</td>
</tr>
<tr>
<td>Other (list)</td>
<td></td>
</tr>
</tbody>
</table>

Monitoring Results

am/pm am/pm am/pm am/pm am/pm am/pm am/pm am/pm

SECTION D: SIGNATURE BLOCK

*I certify that I know and understand the requirements of the UNH Confined Space Entry Program and that I will comply with these criteria.

Attendant Signature: __________________________ Date: __________ Time In: __________
Entrant Signature: __________________________ Date: __________ Time Out: __________

*I certify that the above information is correct and that the entrant and attendant are fully competent to perform the work described.

Supervisor Signature: __________________________ Date: __________ Permit Terminated ☐ Date/Time: __________
**SECTION A: GENERAL INFORMATION**

- **Date:** Fill in the date of the entry.
- **Start Time:** Fill in the proposed start time of the entry.
- **End Time:** Fill in the proposed end time of the entry. Confined space entry permits are valid for a single shift or no greater than 8 hours.
- **Space ID Number:** Indicate the number of the space, if applicable. Permit-required confined spaces in the inventory which are not manholes are labeled with an alpha-numeric identifier on the entry portal.
- **Space Location:** Indicate the building and room number or, if outdoors, indicate the street and nearest landmarks.
- **Space Description:** Provide a brief description of space to be entered, (i.e., sewer, storm drain, electrical vault, boiler).
- **Reason for Entry:** Provide a brief description of the work to be conducted during entry operations.
- **Trained Entry Team:** Clearly print the names of the Entry Supervisor, Attendant, and all Entrants. At a minimum there must be an Entrant and a Supervisor/Attendant.
- **Rescue Team:** Fill in the name of the Confined Space Rescue Team. The rescue team must be notified in advance of the entry and may require a pre-evaluation prior to entry.
- **Notification:** Indicate the pre-entry notification to the rescue team by method (e.g., phone call, fax, meeting), and the date and time of pre-entry notification. NOTE: if the rescue team is the Durham Fire Department, notifications must be made by fax of the permit, or personal meeting.

**SECTION B: PRE-ENTRY PLAN**

- **Area security and barricades:** Check “yes” if traffic controls or site security will be used. Some form of traffic controls or site security may include guard rails, traffic cones, and/or cordonning.
- **Control of Hazardous Energy (LOTO):** Check “yes” if the entry will require the control of hazardous energy and check applicable energy source(s). Check “no” if the entry will proceed without locking out or tagging out sources of hazardous energy (explain fully below). Mark N/A if there are no sources of hazardous energy in the space.
- **Lines Broken, Capped, or Blanked:** Check “yes” if the entry will require capping or blanking of lines carrying fluids. Check no if the entry will not require capping or blanking of lines carrying fluids. Check “N/A” if no lines carrying fluids are present.
- **Space purged, flushed, and/or vented:** Check “yes” if the entry will require forced air ventilation to purge and maintain a safe atmosphere. Check “N/A” if there is no real or potential hazardous atmosphere and ventilation will not be used. (Describe ventilation below).
- **Lighting (Intrinsically safe):** Check “yes” if lighting is necessary, Check “no” if not. Check “intrinsically safe” if lighting is required for use in a potential combustible/flammable atmosphere.
- **Retrieval Equipment:** Check “yes” if non-entry retrieval equipment will be used. Check “no” if non-entry retrieval equipment will not be used. If checked No, explain in detail. Fall arresting equipment is required for all vertical entries greater than 4 feet in depth.
- **Personal Protective Equipment:** Check ‘yes’ if personal protective equipment will be used. Check appropriate box for applicable PPE and list PPE selected. Some form of personal protective equipment is required for all confined space entries.
- **Respiratory Protection:** Check “yes” if entrants will wear respiratory protection. Check “no” if entrants will not use respiratory protection. Check “N/A” if there are no real or potential atmospheric hazards. Check applicable respirator type and indicate specific respirator to be used (i.e., ½ face APR, full face APR, air line system, SCBA). For APR, list filter cartridge to be used.
- **Head Protection:** Check “yes” if overhead hazards require the need for head protection.
- **Hot Work:** Check “yes” if hot work will be performed during the entry. Hot work includes welding, cutting, brazing, and soldering. If yes, refer to the UNH Hot Work Program and permit system.
- **Ladder:** Check “yes” if ladder is necessary for entry.
- **Fire Extinguisher:** Check “yes” if entry operations require presence of fire extinguisher. (If hot work is checked yes, extinguisher is required).
- **Describe all equipment and procedures required for entry:** Use this space to describe the requirements for confined space entry from the above list and additional requirements as deemed necessary by the Supervisor.
- **Describe method of communication to be utilized during entry:** Use this space to describe the method of communication to be used between Attendant and Supervisor.
- **Air Monitoring Equipment - Manufacturer:** Instrument manufacturer.
- **Air Monitoring Equipment - Model:** Instrument model number.
- **Air Monitoring Equipment – Atmospheric Hazards/Sensor(s):** Indicate known or potential atmospheric hazards and all applicable sensors or detectors in the instrument (e.g., combustible gas, oxygen).
- **Air Monitoring Equipment - Date of last annual calibration:** Date instrument was last calibrated by manufacturer.
- **Air Monitoring Equipment – Date and time of bump test:** Date and time instrument was bump tested (should be prior to use).
- **if more than one instrument is in use, use both boxes to indicate monitoring equipment.

**SECTION C: ATMOSPHERIC TESTING**

- **Atmospheric Testing:** Give the time and results of atmospheric testing. At a minimum, each space must be tested for oxygen, combustible gas, and carbon monoxide. The initial entry readings should be documented. In addition readings should be documented periodically thereafter. As necessary additional analytes must be monitored within the space during entry operations. Use the blank spaces to indicate tests for other air contaminants. If the results do not fall within permissible entry levels, DO NOT ENTER. For analytes not listed above, conditions acceptable for entry will be considered to be one half of the OSHA Permissible Exposure Limit unless deemed otherwise by a qualified health and safety professional.

**SECTION D: SIGNATURE BLOCK**

- All members of the entry team must sign and date the signature block indicating that they have read and understand the entry plan/permit prior to commencement of work. In addition, the times for each entrant when they enter and exit the space should be documented.

**OTHER**

- Any additional information related to the safe entry into the confined space should be documented by attaching additional sheets if necessary and/or utilizing the back of the entry permit.
- The Pre-Entry Plan, which consists of Section A and Section B must be completed and forwarded to both OEHS and the designated Rescue Service prior to the scheduled entry.
- Section C and Section D must be completed just prior to entry.
- The permit must remain at the space for the duration of entry operations.
- A copy of the terminated entry permit must be filed with the originating department with a copy forwarded to OEHS.