Confined Space Entry Permit

Confined Space to be Entered:	Dept Applying for permit:		
	1		
Employee or	Date of Entry:		
Contractor Entry: Supervisor in Charge:	Supervisor Phone #		
Supervisor in Charge:	Supervisor Phone #		
Names of Entrants:	Names of		
1 (411145) 01 21101 411050	Attendants:		
	_		
Description of Work to	Purpose of Entry:		
be Done:			
Description of Occurrences	C		
Duration of Occupancy:	Communication Method:		
Domesia solid for up to 9 hours only. All coming of po		a until iala ia a anno lata d	
Permit valid for up to 8 hours only. All copies of per	rmit wiii remain at job sit	e until job is completea*	
Potential Hazards:	Maggures used to isola	te the permit confined space:	
1 otentiai Hazarus.	Measures used to isola	tte the permit commed space.	
Requirements Completed:	Completed (yes/no)	Date	
- Lock-Out/De-Energize/Tag-Out			
-Line(s) Broken-Capped-Blanked			
-Purge-Flush and Vent			
-Full Body Harness w/ "D" ring			
-Emergency Escape Retrieval Equipment			
-Lifelines			
-Secure Area (Post and Flag)			
-Breathing Apparatus			
-Standby Safety Personnel			
-Fire Extinguishers			
-Lighting (Explosion Proof)			
-Protective Clothing			
-Respirator(s)/ Air Purifying			
(For items that do not apply, enter N/A in the "Comple	ted" column)		
Acceptable Entry Conditions:			

Item Tested	Result/Level		Date/Initials of Tester	
Emergency Contacts:			:	
Police/Ambulance/Fire	911		N. 1. (2701) L'. T (2046)	
UNE EHS UNE Security	Biddeford (x-2298) Portlar		Nagle (x-2791) Jessica Tyre (x-2046)	
ONE Security	Didde	eioru (x-2298) Portia	IIId (207-408-0902)	
	1			
Equipment/PPE being Used: Other Permits be		ing issued ex) hot work permit		
		-		
I have read the above confined space entry permit and agree to comply with all rules and regulations pertaining to				
the UNE Confined Space Entry Prog	gram.			
Supervisor Signature:	Date			
Entrant Signatures:	Entrant Signatures: Date			
Attendant Signatures:	Attendant Signatures: Date			
EHS Signature:	ure: Date			