



UAF Facilities Services

University of Alaska Fairbanks, P.O. Box 757380, Fairbanks, Alaska 99775-7380

Notify the University Fire Department at 474-5770 prior to entry and after permit closure.

Confined Space Permit

Permit #: _____

Identification	
Specific Space To Be Entered:	Exact Work To Be Performed:
Authorized Entrants: (Print)	Will Contractors be Entering? UAF Contractor _____ Name of Company _____
Attendant (Print)	Entry Supervisor (Print)

Entry Requirements & Acceptable Entry Conditions (Evaluate, Answer & Check)
X Is the Space isolated, emptied, deenergized, and suitably cooled? _____
X Is the Space purged and ventilated? _____ Is mechanical ventilation established or natural draft? Describe? _____
X Is normal air quality (oxy:21%, Combustible/Flammable: 0%LEL, CO: 0 ppm) present and can it be maintained? How? _____ If a toxic is suspected, has it been identified and tested to determine levels? What is the toxic and level present? _____
X Do you have initial air monitoring and results recorded on Air Monitoring Data Sheet? _____
X Are you doing continuous or periodic air monitoring? _____ If periodic, what frequency? _____
X Is safe, guarded access provided to all entrances? How? _____
X Is safe, guarded access provided into the space. How? _____
X Is special electrical equipment needed? <input type="checkbox"/> GFCI <input type="checkbox"/> Explosion-proof <input type="checkbox"/> Low Voltage
X Is respiratory protection needed? Specify type _____
<i>Accurate identification of the airborne contaminant and the concentration of airborne contaminant must be made prior to selecting a cartridge filter. Chemical cartridge filters have effectiveness threshold values.</i>
X How is attendant communicating with entrants? _____
X If an emergency arises requiring confined space rescue, what/where is the closest means of summoning help (page, telephone, etc.)? _____
X Is there an Attendant at all entrances being used? _____
X Is a Non-Entry Rescue/Retrieval System in place and used? Describe: _____
X Is a Rescue Team readily available? What organization by name. _____
X Did you perform a pre-entry briefing with all Entrants and Rescue Teams. _____
X Any Other Requirements, Precautions or Commentary? _____

Permit Authorization		Permit Termination	
Entry Supervisor (Signature)	Date	Entry Supervisor (Signature)	Date
Operation / Maintenance Mgmt. (Signature)	Date	Operation / Maintenance Mgmt. (Signature)	Date
Permit Duration		Reason: (check one)	
From:	To:	<input type="checkbox"/> Work Completed	
		<input type="checkbox"/> Conditions/Shift Changed	
		<input type="checkbox"/> Re-classified as Non-PRCS	

