

**FLORIDA INTERNATIONAL UNIVERSITY**  
**ENVIRONMENTAL HEALTH & SAFETY**

CSC 162

☎ 348-2621 / 2622

Fax: (305) 348-3674

[www.fiu.edu/~ehs](http://www.fiu.edu/~ehs)

*An ounce of prevention is worth far more than a pound of cure.*

**CONFINED SPACE ENTRY PERMIT**

**PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED.**

Date: \_\_\_ / \_\_\_ / \_\_\_      Site Location: \_\_\_\_\_

Purpose of entry: \_\_\_\_\_

Description of work: \_\_\_\_\_

Supervisor in charge of crew: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMMUNICATION PROCEDURES:** \_\_\_\_\_

**THIS PERMIT IS VALID FOR THE PERIOD OF \_\_\_\_\_ to \_\_\_\_\_**

REQUIREMENTS CHECKED	DATE	TIME	REQUIREMENTS CHECKED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____	Full Body Harness w/"D" ring	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____	Emergency Escape Retrieval Equip	_____	_____
Purge-Flush and Vent	_____	_____	Lifelines	_____	_____
Ventilation	_____	_____	Fire Extinguishers	_____	_____
Secure Area (Post and Flag)	_____	_____	Lighting (Explosive Proof)	_____	_____
*Breathing Apparatus	_____	_____	Protective Clothing	_____	_____
Resuscitator - Inhalator	_____	_____	*Respirator(s) (Air Purifying)	_____	_____
Standby Safety Personnel	_____	_____	Cutting and Welding Permit	_____	_____

**Note: Items that do not apply enter N/A in the blank.**  
 \* = Additional permit conditions apply.

Test(s) to be taken	Permissible Entry Level							
	8 hr. TWA	STEL	@ entry	@ 2 hrs.	@ 4 hrs.	@ 6 hrs.	@ 8 hrs.	@ 10 hrs.
Percent of oxygen	19.5 % to 23.5 %							
Lower Flammable Limit	Under 10 %							
Carbon Monoxide	35 PPM	--						
Aromatic Hydrocarbon	1 PPM	5 PPM						
Hydrogen Cyanide	(Skin)	4 PPM						
Hydrogen Sulfide	10 PPM	15 PPM						
Sulfur Dioxide	2 PPM	5 PPM						
Ammonia	--	35 PPM						

8 hr. TWA = 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection)  
 STEL = Short-term exposure limit: Employee can work in the area up to 15 minutes.

REMARKS: \_\_\_\_\_

Check #	Gas Testers Name	Instrument Used	Model / Type	Serial Number

**- SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK -**

Name of Safety Standby	Check #	CS Entrant(s)	Check #	CS Entrant(s)

**We have reviewed the work procedures described on this application. Written instructions and safety procedures have been received and are understood. This permit is valid for \_\_\_ / \_\_\_ / \_\_\_.**

Application Prepared By (Supervisor): \_\_\_\_\_

Permit Approved By (Unit Supervisor): \_\_\_\_\_

Reviewed By (EH&S Personnel): \_\_\_\_\_  
(signature) (date)

**EMERGENCY NUMBER: 2911      EMERGENCY NUMBER: 2911      EMERGENCY NUMBER: 2911**