

CAB Dining Hall Crawl Space-- Permit Required Confined Space Entry Permit

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| 1. CAB Crawl Space ENTRY PROCEDURE AND PERMIT **All Shaded areas must be completed by Entry Supervisor or Entrant** | | 7. Communication method used by attendants and entrants (Check all that apply) | |
| 2. Work to be Performed: | | <input type="checkbox"/> | Radio |
| | | <input type="checkbox"/> | Voice |
| | | <input type="checkbox"/> | Other: |
| 3. Date Issued: / / | | 8. Confined Space Rescue | |
| Time Issued: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | <input type="checkbox"/> | The assigned confined space attendant is responsible for evacuating entrants in the event of an emergency by means of vocal communication or retrieval equipment used for the entry. At no time will the attendant enter the confined space. In the event the attendant is unable to evacuate the entrant(s) the Charlotte Fire Department will be notified by UNC Charlotte Police Dispatch at 704-687-2200 to provide rescue assistance. Upon the arrival of rescue personal the attendant should brief the rescuers of any notable information. |
| 4. Permit Space Hazards (X = Potential Hazard or Testing Rqmt.) | | 9. Authorized Entrants (List by name or attach roster) | |
| <input checked="" type="checkbox"/> | Oxygen - hazardous when less than or equal to 19.5% OR greater than or equal to 23.5 %. | | |
| | Flammable Gases or Vapors - hazardous when greater than 10% of LFL / LEL. | | |
| <input checked="" type="checkbox"/> | Hydrogen Sulfide - hazardous when greater than 10 PPM | | |
| | Carbon Monoxide - hazardous when greater than 50 PPM (always look for when welding or near a fuel combustion source (cars, utility carts ,etc) | | |
| | Other Toxics:_____ | | |
| <input checked="" type="checkbox"/> | Mechanical Hazards (Pneumatic, Hydraulic, Electrical, Chemical, Steam, Falling Objects, Etc.) Engulfment Potential | | |
| <input checked="" type="checkbox"/> | Physical Hazards - (bees, insects, spiders, heat during summer). Confined Space Configuration, Layout or Arrangement | | |
| 5. Additional Permits or Forms (Please attach if required) | | 10. Authorized Attendants (List by name) | |
| Hot Work Permit: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| LOTO / Hazardous Energy Control Procedure: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| Other: | | | |
| 6. Equipment Required for Entry & Work (Check box when complete) | | | |
| <input type="checkbox"/> | PPE Eye Protection (Face shield) , Hardhat, Tyvek Suit, Rubber Gloves, Rubber Boots. | 11. Preparation for Entry (Check boxes when complete) | |
| <input type="checkbox"/> | Atmospheric Testing 4 Gas Meter is required in the CAB crawl space confined space. Continuous monitoring is required throughout the duration of the entry. | <input type="checkbox"/> | Notify affected department of service interruption and complete the Confined Space Entry Permit and any other required permits and forms. |
| <input type="checkbox"/> | Respiratory Protection Dust mask should be worn if dust/contaminants are disturbed within crawl space. | <input type="checkbox"/> | Inspect all required equipment, tools and PPE prior to entry. Barricade the area to prevent unauthorized entry or access. Setup necessary equipment for entry operations |
| <input type="checkbox"/> | Ventilation Equipment Check atmosphere with 4 gas meter before and during entry. Ventilate this space to ensure good cross ventilation at all times. | <input type="checkbox"/> | Ensure that all Hazardous Energy is isolated per the specific Hazardous Energy Control Procedure. |
| <input type="checkbox"/> | Rescue Equipment Attendant should be ready to call for rescue help in the event of an emergency of an entrant/s. A clear path should always be kept through the crawl space entry path for the easiest access possible in an emergency situation. | <input type="checkbox"/> | Sign in Authorized Entrants in Step 9 and Sign in Attendants in Step 10. |
| | | <input type="checkbox"/> | Take a preliminary atmospheric reading with approved 4 gas meter and record reading on Step 12. Atmosphere should be continuously tested during entry. Periodically record sample readings in Step 12. Begin ventilation, with a forced air ventilation system or equivalent. Do not enter the space if the ventilation is not adequate to ensure normal meter readings. |
| | | <input type="checkbox"/> | Upon eliminating or controlling all hazards and the Entry Supervisor signing Step 13, proceed to make entry. |

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| 12. Atmosphere Testing Record Acceptable Conditions | Time: | Time: | Time: | Time: | Time: | Time: |
| | Entry #1 Results | Entry #2 Results | Entry #3 Results | Entry #4 Results | Entry #5 Results | Entry #6 Results |
| | CH4 - Less than 10% of LEL / LFL | | | | | |
| | OXY - Oxygen Range - Minimum allowable = 19.6% to Maximum allowable = 23.4% | | | | | |
| | H2S - Hydrogen Sulfide - < than 10 PPM | | | | | |
| | CO - Carbon Monoxide - < than 35 PPM | | | | | |
| | Other Toxic: | | | | | |
| Tester Initials | | | | | | |

13. Authorization by Entry Supervisors

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in the CAB crawl space confined space.

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| Printed Name | Signature | Date | Time | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
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14. Permit Cancellation (Complete at the end of job not to exceed 24 hours)

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| Date | Time | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
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This permit must be posted at the job site -- One Copy to Dept File and One Copy to EH&S Office (Fax 7-5302 or EHS Building)