# CAB Crawl Space -- Permit Required Confined Space Entry Permit

1. **CAB Crawl Space Entry Procedure and Permit**  
   "All shaded areas must be completed by the Entry Supervisor or Entrant"

2. **Work to be Performed and Location:**

3. **Date Issued: / /**  
   **Time Issued: □ a.m. □ p.m.**

4. **Permit Space Hazards**  
   (X = Potential Hazard or Testing Requirement)

   - **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.
   - **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.).

5. **Other Toxics:**
   - CO - Carbon Monoxide - < than 35 PPM
   - H2S - Hydrogen Sulfide - < than 10 PPM
   - CH4 – Methane - Less than 10% of LEL / LFL
   - Other Toxics:

6. **Equipment Required for Entry & Work** (Check box when complete)
   - **PPE:** Eye protection (face shield), hardhat, Tyvek suit, rubber gloves, rubber boots
   - **Atmospheric Testing:** 4-Gas Meter is required in the CAB crawl space confined space. Continuous monitoring is required throughout the duration of the entry.
   - **Respiratory Protection:** Dust mask should be worn if dust/contaminants are disturbed within crawl space.
   - **Ventilation Equipment:** Check atmosphere with 4-gas meter before and during entry. Ventilate this space to ensure good cross ventilation at all times.
   - **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.

7. **Communication method used by attendants and entrants** (Check all that apply)
   - **Radio**
   - **Voice**
   - **Other**

8. **Confined Space Rescue**
   - 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 personnel, the attendant should brief the rescuers of any notable information.

9. **Authorized Entrants** (List by name)

10. **Authorized Attendants** (List by name)

11. **Preparation for Entry** (Check boxes when complete)
   - Notify affected department of service interruption and complete the Confined Space Entry Permit and any other required permits and forms.
   - 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.
   - Ensure that all hazardous energy is isolated per the specific Hazardous Energy Control Procedure.
   - Sign in Authorized Entrants in Step 9 and Sign in Attendants in Step 10.
   - 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.
   - Upon eliminating or controlling all hazards and the Entry Supervisor signing Step 13, proceed to make entry.

12. **Atmosphere Testing Record Acceptable Conditions**

   - **Time of Sampling**
   - **CH4 – Methane** - Less than 10% of LEL / LFL
   - **O_2 - Oxygen Range** - Minimum allowable = 19.6% to Maximum allowable = 23.4%
   - **H2S - Hydrogen Sulfide** - < than 10 PPM
   - **CO - Carbon Monoxide** - < than 35 PPM

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 this CAB crawl space confined space.
   - **Printed Name**
   - **Signature**
   - **Date**
   - **Time** □ a.m. □ p.m.

14. **Permit Cancellation** (Complete at the end of job not to exceed 24 hours)
   - **Date**
   - **Time** □ a.m. □ p.m.