

**JAMES MADISON UNIVERSITY  
FACILITIES MANAGEMENT  
CONFINED SPACE ENTRY PERMIT**

*Do Not Destroy This Permit  
After Cancellation, This Entry Permit Must Be  
Retained by Supervisor for At Least ONE Year*

Permit Number \_\_\_\_\_ Space/Area \_\_\_\_\_

Purpose of Entry \_\_\_\_\_

Date of Entry \_\_\_\_\_ Authorized Duration of Permit \_\_\_\_\_

Risk Management Notification \_\_\_\_\_

Record Hazards of the permit space to be entered				Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry.			
Hazard	Yes	No	N/A		Yes	No	N/A
A. Lack of Oxygen				A. Purge - Flush and Vent			
B. Oxygen Enrichment				B. Ventilation			
C. Combustible Gases/Vapors				C. Lockout/Tagout			
D. toxic Gases/Vapors				D. Inerting			
E. Chemical Contact				E. Blanking, Blocking, Bleeding			
F. Electrical Hazards				F. External Barricades			
G. Mechanical Hazards				G. Confined Space Identification Signs			
H. Temperature							
I. Engulfment							
J. Entrapment							
K. Others							

Test(s) to Be Taken	Permissible Entry Levels	Readings Test 1	Readings Test 2	Readings Test 3	Readings Test 4
Name or Initials of Tester					
Test Times					
A. Percent of Oxygen	19.5% to 23.0%				
B. LEL	0				
C. CO	0				
D. H2S	0				
E. Temperature	<125 Deg F				

Authorized Entrants: \_\_\_\_\_ And \_\_\_\_\_

Authorized Entrant Roster Attached if additional entrants required. Yes \_\_\_ No \_\_\_ N/A \_\_\_

Attendants: \_\_\_\_\_ And \_\_\_\_\_

Rescue Personnel or Organization:

**6911** \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

EQUIPMENT REQUIRED (Specify As Required)

Personal Protective Equipment:

Atmospheric Monitoring:

Make & Model of Atmospheric Monitoring Equipment: \_\_\_\_\_

Last Calibration Date: \_\_\_\_\_

Respiratory Protection:

Communication Equipment:

Ventilating Equipment:

Lighting:

Barriers / Shields:

Rescue Equipment:

Other Equipment

Pre-Entry Briefing held: Yes \_\_\_\_ No \_\_\_\_ Contractor Notified Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

Emergency Services Notified: Yes \_\_\_\_ No \_\_\_\_ Emergency Phone Number **6911** \_\_\_\_\_

Required Permits Obtained: Yes \_\_\_\_ No \_\_\_\_ Entrants and Attendants have received training Yes \_\_\_\_ No \_\_\_\_

**Entry Authorized by:**

Entry Supervisor \_\_\_\_\_  
PRINTED NAME SIGNATURE DATE TIME(AM/PM)

**This Confined Space Permit Has Been CANCELED:**

By \_\_\_\_\_  
Entry Supervisor Date Time (AM/PM)