

UofM Office of Facilities Development
CONFINED SPACES PERMIT/APPLICATION for

A Confined Space Permit is required for any operation involving entering a space that has limited or restricted means of entry or exit, is not designed for continuous occupancy, and/or contains one or more of the following: Ability to engulf or asphyxiate the entrant, potentially hazardous atmosphere, or has other recognized serious safety or health hazards.

This permit is to be filled out in its entirety by the responsible party, supervising the work, and provided to the UofM Office of Facilities Development for approval, prior to entering the Confined Space.

Location/Floor/ Room #: _____
 Company Doing Confined Work: _____
 Confined Work Supervisor & Pho #: _____
 Work Description: _____
 Date of Work: _____ Start Time: _____ Finish Time: _____

Responsible Party to Circle "yes" or "no" for each item below:

- | | | | |
|---|-----|----|----|
| 1. Have hazardous sources been isolated? Pumps/ lines blinded, disconnected, or blocked? | Yes | No | NA |
| 2. Ventilation modifications: | | | |
| Mechanical? | Yes | No | NA |
| Natural Ventilation Only? | Yes | No | NA |
| 3. Direct reading gas monitor available and tested? | Yes | No | NA |
| 4. Safety harnesses and lifelines for entry being used and tested? | Yes | No | NA |
| 5. List of entry and standby persons provided to OFD? | Yes | No | NA |
| 6. Hoisting equipment available and tested? | Yes | No | NA |
| 7. Powered communications available and tested? | Yes | No | NA |
| 8. SCBA's for entry and standby persons available and tested? | Yes | No | NA |
| 9. Protective clothing & all required PPE available & tested for entry & standby persons? | Yes | No | NA |
| 10. Electric equipment listed as Class I, Division I Group D, and Non-sparking tools? | Yes | No | NA |
| 11. Confined Spaces Permit will be posted at work site. | Yes | No | NA |
| 12. Atmospheric monitoring to be documented below upon entry & ea. 30 min. thereafter? | Yes | No | NA |

Time	O2 > 19.5%	LEL < 10%	H2S < 10 ppm	CO < 35 ppm

I attest that the above precautions have and will be taken _____
 (Confined Spaces Work Supervisor Signature)

Approved _____
 (Director of OFD)

Permit Approval Date: _____

COMMENTS: _____

Date Closed: _____

Note: Permit must be posted at the site during the work and returned to OFD after completion of work.