CONFINED SPACE ENTRY PROCEDURES AND PERMIT

This form is to be used for pre-entry assessment and documentation of safety protocols and entry procedures pertaining to confined space entry. Please note that University employees are only authorized to enter a confined space with no documented hazards or with hazards that can be controlled through the use of forced air ventilation alone.

Date: ____________ Time: _____________ Location: _______________________________________

Type of Space: __________________________ Reason for Entry ___________________________________

Approved Barricades in Place Yes___ No ___ if no, reason _______________________________________

Rescue plan in place ___

Hazard Monitoring – Atmosphere

<table>
<thead>
<tr>
<th>Measured Parameter</th>
<th>Initial Reading</th>
<th>Final Reading</th>
<th>Within Safe Limits?</th>
<th>Safe Limit Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen by volume</td>
<td></td>
<td></td>
<td></td>
<td>&gt;19.5% &amp; &lt;23.5%</td>
</tr>
<tr>
<td>Percent LFL</td>
<td></td>
<td></td>
<td></td>
<td>&lt;10% LFL</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td></td>
<td></td>
<td></td>
<td>&lt;35 ppm</td>
</tr>
<tr>
<td>(ppm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrogen Sulfide</td>
<td></td>
<td></td>
<td></td>
<td>&lt;1.0 ppm</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hazard Monitoring – Other

Noise ___ Gas powered equipment (i.e. generator) ___ Other ___

Heat ___ Water ___

Electrical ___ Using chemical product in space ___

Steam ___ Insect/Animal ___

If any of the above are checked, please describe what actions are being taken to eliminate or control the hazard below.
_____________________________________________________________________________________
_____________________________________________________________________________________

Force air ventilation in use- Yes___ No___

If yes, air from a clean source ___

If required, forced air ventilation must run until the hazardous atmosphere is eliminated prior to entry and continue running for the duration of the entry.

Full body harness worn by entrant(s) ___ Full body harness inspected before each use ___

Rescue tripod in use – Yes ___ No ___

Authorized attendant ______________________ Training received ___

Authorized entrant(s) ______________________ Training received ___

_____________________________________________________________________________________

Time entered ________ Time exited _________

Name of entry supervisor __________________________ Title _________________________________

Signature _________________________________________________

Please contact EH&S at (352)392-1591 with any questions pertaining to this form or confined space entry in general.

Take the time to work safely and to follow recognized safe work procedures. Your life and the lives of your coworkers may depend on it.