

Old Dominion University Confined Space Entry Permit

1.	Permit Space To Be Entered		
2.	Purpose of Entry		
3.	Date of Entry and Duration of Permit		
4.	Authorized Entrants	_____	_____
		_____	_____
		_____	_____
		_____	_____
5.	Attendant(s)	_____	_____
		_____	_____
6.	Name of Current Entry Supervisor(s)	1. _____	Time _____
		2. _____	Time _____
	Entry Supervisor who Originally Authorized Entry	_____	

7. Possible hazards of the permit space to be entered				<i>Signature or Initials</i>
Hazard	Yes	No	N/A	
A. Lack of oxygen				8. Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry
B. Combustible Gas				
C. Combustible Vapors				
D. Combustible Dusts				A. Purge-Flush and Vent
E. Toxic Gases				
F. Toxic Vapors				B. Ventilation
G. Chemical Contact				
H. Electrical Hazards				C. Lockout/ Tag Out
I. Mechanical Exposure				
J. Temperature				D. Inerting
K. Engulfment				
L. Entrapment				E. Blanking, Blocking, Bleeding
M. Oxygen Enrichment				
N. Others				F. External Barricades
				G. Confined Space Identification

**DO NOT DESTROY THIS PERMIT
AFTER CANCELLATION THIS ENTRY PERMIT MUST BE RETAINED BY
THE ENVIRONMENTAL HEALTH & SAFETY OFFICE FOR AT LEAST ONE YEAR.**

