CONFINED SPACE ENTRY PERMIT

General Information

Date Issued: ________________  Time Issued: _______ am  pm  Duration (hours): _________

Location: ____________________________  Confined Space ID: ________________

Reason for Entering: ________________________________________________________________

Work to be Performed:

Authorized Personnel  Name  Department  Employee ID (700 or 800#)

Supervisor
Attendant
Entrant #1
Entrant #2
Entrant #3

Atmospheric Testing

Time: ________________ am  pm  Testing performed by: ____________________________

<table>
<thead>
<tr>
<th>Time (specify am or pm)</th>
<th>% of Oxygen (19.5 - 23.5%)</th>
<th>% LEL (&lt;10%)</th>
<th>CO (50 ppm PEL)</th>
<th>H₂S (20 ppm PEL)</th>
<th>Temp. (&lt;115° F)</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

Tester Signature: ____________________________________________

Requirements Completed (must be inspected and operational)

If the item does not apply, enter "N/A" into the blank.

Communication Procedures:

LOTO/Denergization: ____________________________  Purge/Flush/Vent: ____________________________

Ventilation: Secure Area:

Lifelines: Signage:

Fire Extinguishers: PPE:

Lighting: Supplied Air Respirators:

Additional Permit (Hot Work): Additional Tools:

Retrieval/Rescue:

Continuous Monitoring

Monitoring performed by: ____________________________

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</table>

Instrument(s) Used: ____________________________________________  Serial/Unit # ________________

This permit is not valid unless all items are completed.

Entry Supervisor (Issued): Printed Name: ____________________________  Signature: ________________

Entry Supervisor (Closed): Printed Name: ____________________________  Signature: ________________

UPON JOB COMPLETION, SEND COMPLETED FORM TO ENVIRONMENTAL HEALTH AND SAFETY WITHIN 24 HOURS TO: ehssafety@mail.wvu.edu

Valid for one eight (8) hour shift
MUST BE POSTED ON WORK SITE

WVU Environmental Health and Safety
P.O. Box 6551, Morgantown, WV 26506
(304)-293-3792 / F 304-293-7257 / www.ehs.wvu.edu