CAB Crawl Space Permit Required Confined Space Entry Permit										
1. CAB Crawl Space Entry Procedure and Permit **All shaded areas must be completed by the Entry Supervisor or Entrant**										
2. Work to be	ocation:			3. Date Issued: / /						
					Time Issued: :			. □ p.m.		
4. Permit Space Hazards (X = Potential Hazard or Testing Requirement)										
Х		an or equal to 19.5%		Х		nical Hazards (Pneuma Falling Objects, Etc.)	atic, Hydraulic, Electri	ical, Chemical,		
	Flammable Gases or Vapors - haz			than 10% of			nent Potential			
X Hydrogen Sulfide - hazardous who			en greater than 10 PF	PM	Х		Physical Hazards - (bees, insects, spiders, heat during the summer)			
Carbon Monoxide - hazardous when			greater than 50 PPM (always look	Ook Confined Space Configuration Layout or Arrangement			-		
for when welding or near a fuel comb Other Toxics:			ustion source (cars, utility carts, etc.)						none	
5. Additiona	Il Permits or Form	s (Please attach	if required)	required)						
Hot Work Permit: □YES □NO □N/A LOTO / Hazardous Energy Control Procedure: □YES □NO □N/A Other:										
6. Equipment Required for Entry & Work (Check box when complete)										
			face shield), hardhat, Tyvek suit, rubber gloves, rubber boots							
□ Atmosp	heric Testing		required in the CAB crawl space confined space. Continuous monitoring is required throughout the duration of the entry.							
			uld be worn if dust/contaminants are disturbed within crawl space.							
Attendant shoul			lere with 4-gas meter before and during entry. Ventilate this space to ensure good cross ventilation at all times. Id be ready to call for rescue help in the event of an emergency of an entrant(s). A clear path should always be kept							
☐ Rescue E		through the cra	vl space entry path for the easiest access possible in an emergency situation. entrants (Check all that apply) 8. Confined Space Rescue						,	
	adio	The assigned confined space attendant is responsible for evacuating entrants the event of an emergency by means of vocal communication or retrieval								
U	ice					equipment used for the entry. At no time will the attendant enter the confined space. In the event the attendant is unable to evacuate the entrant(s) the Charlotte Fire Department will be notified by UNC Charlotte Police Dispatch at				
□ Other						704-687-2200 to provide rescue assistance. Upon the arrival of rescue personnel, the attendant should brief the rescuers of any notable information.				
9. Authorize	d Entrants (List by	name)		10. Authorized Attendants (List by name)						
11. Preparat	ation for Entry (Check boxes when complete)									
	Notify affected department of service interruption and complete the Confined Space Entry Permit and any other required permits and forms. Inspect all required equipment, tools and PPE prior to entry. Barricade the area to prevent unauthorized entry or access. Setup necessary equip									
	entry operations	S								
	Ensure that all hazardous energy is isolated per the specific Hazardou									
	Sign in Authorized Entrants in Step 9 and Sign in Attendants in Step 10. Take a preliminary atmospheric reading with approved 4-gas meter and record reading on Step 12. Atmosphere should be continuously tested during							tested during		
	entry. Periodica	lly record sample	readings in Step 12.	eadings in Step 12. Begin ventilation with a forced air ventilation system or equivalent. Do not enter the space if the re normal meter readings.						
	Upon eliminatin	g or controlling al	I hazards and the En	azards and the Entry Supervisor signing Step 13, proceed to make entry.						
12. Atmosphere Testing Record Acceptable Conditions			Pre-Entry Results	Entry #1 Resu	ults En	try #2 Results	Entry #3 Results	Entry #4 Results	Entry #5 Results	
Time of Sampling										
CH ₄ – Methane - Less than 10% of LEL / LFL										
O ₂ - Oxygen Range - Minimum allowable = 19.6% to Maximum allowable = 23.4%										
H ₂ S - Hydrogen Sulfide - < than 10 PPM										
CO - Carbon Monoxide - < than 35 PPM										
Other Toxic:										
Tester Initials										
13. Authorization by Entry Supervisors I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this CAB crawl space confined space.										
									□a.m. □p.m.	
14. Permit Cancellation (Complete at the end of job not to exceed 24 hours) Date Time								□a.m. □p.m.		
This permit must be posted at the job site — One Copy to Department's File and One Copy to EHS Office (Fax 7-5302 or EHS Building)										