

Department/Contractor: _____ Date: _____
 Emergency Telephone#: _____

I. Confined Space Location: _____ Description of work: _____

II. Past, Present, and Expected Hazards (Check off and describe applicable hazards.)

- Atmospheric: Hazardous Energy
- Thermal (hot/cold): Radioactive: Engulfment/Entrapment
- Hazardous Materials: Other: _____

III. Special Requirements: Alternate Procedures (c)(5) Reclassification (c)(7)

- Energy Isolation LOTO Fall Arresting
- Ventilation Special Safety Instructions Other permits

Required Equipment (Check ALL that apply and describe where indicated):

- Barricades, Barrier Tape First Aid Kit Fire Extinguisher
- Gloves (canvas, Rubber, leather?) LOTO Blower and hose
- Eye Protection (safety glasses; face shield) GFI Device Hearing Protection
- Body Protection (work coveralls, Tyvek) Head Protection (hard hat?)

IV. Atmospheric Tests (Continuous Monitoring Maybe Required)

Tests to Be Performed	Acceptable Entry Conditions	ACCEPTABLE? (Circle One)	Time Initial Test	1	2	3	4	5	6
OXYGEN (% Volume)	20.9% (19.5% to 23.5%)	Y N	_____						
FLAMMABILITY (% LEL)	<10% of LEL	Y N	_____						
CARBON MONOXIDE	<25 ppm	Y N	_____						
HYDROGEN SULFIDE	<10 ppm:	Y N	_____						

Make & Model: _____ Conditions Measured: _____ Serial No.: _____

V. Personnel

Entry Personnel Name(s) _____

Attendant Personnel (Name, Department): _____

Individual Performing Calibration & Testing of Space (Name & Initials): _____

Field Calibration Results: O₂ _____ % LEL _____ % CO _____ ppm H₂S _____ ppm

Calibration Date & Time: _____

VI. Permit Acceptance – Supervisor Authorizing Entry: _____ Date: _____

Certifying Supervisor is responsible for ensuring that all necessary procedures, practices, and equipment for safe entry are in place before and during entry.

EH&S has reviewed the entry Name _____ Date _____ Time _____
 Additionally, the Space Owner (if applicable) has authorized this entry. Name _____

Job Completion:

Confined Space Entry completed and space returned to normal operating mode Yes No

Cancellation of Permit (Supervisor Authorizing Entry): Name _____ Date _____ Time _____

After permit activity is completed, please send copy to EH&S. fax 951-827-5122, ehs@ucr.edu