

## Confined Space Entry Permit

**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Description of Space:** \_\_\_\_\_

**Purpose of Entry:** \_\_\_\_\_ **Expected Duration of Entry:** \_\_\_\_\_

### Hazards and Controls

Atmospheric hazards: *O<sub>2</sub> deficiency O<sub>2</sub> enrichment flammability toxicity (specify)* \_\_\_\_\_ N/A  
 Controls: \_\_\_\_\_

Energy: *electrical mechanical pneumatic hydraulic utility (i.e. steam) other* \_\_\_\_\_ N/A  
 Controls: \_\_\_\_\_

Engulfment or Entrapment: *water soil inwardly converging walls sloping floors other* \_\_\_\_\_ N/A  
 Controls: \_\_\_\_\_

Environmental hazards: *lighting noise wet/slippery rodents, insects heat other* \_\_\_\_\_ N/A  
 Controls: \_\_\_\_\_

Process hazards: *dust chemicals flame/hot work other* \_\_\_\_\_ N/A  
 Controls: \_\_\_\_\_

Other hazards: *traffic structural chemical other* \_\_\_\_\_ N/A  
 Controls: \_\_\_\_\_

Ventilation: *pre-entry only continuous forced air (continuous atmospheric monitoring required)* \_\_\_\_\_ N/A

### Atmospheric Testing

Instrument (make, model, serial #): \_\_\_\_\_ Calibration date: \_\_\_\_\_ Bump test:

	Pre-Entry	At Time of Entry	Periodic Results (for continuous monitoring)			
Oxygen 19.5% - 23.5%						
Flammability <10% LEL						
CO <25 ppm						
H2S <10 ppm						
Testers initials & time						

**Communication:** *verbal visual radio cell phone other* \_\_\_\_\_

**Rescue:** *self-rescue non-entry rescue*  Full body harness on each entrant  Retrieval system assembled  
*entry rescue* Company \_\_\_\_\_

**Equipment:**  Proper PPE worn  Equipment is in good working order and appropriate for the hazards (i.e. grounded, explosion-proof, insulated)  Space is guarded and barricaded, as appropriate

### Entrants

Name	Signature	Time In	Time Out

### Attendants

Name	Signature	Start Time	Stop Time

### Authorization

I certify that all conditions are acceptable for safe entry and personnel are aware of their roles & responsibilities through proper training and a pre-entry briefing.

Entry Supervisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Time Issued \_\_\_\_\_

#### \*\*\*Post Permit\*\*\*

Time Canceled: \_\_\_\_\_ Problems During Entry: *No Yes (describe)* \_\_\_\_\_

Tools, equipment and personnel removed from space  Secure space  Conduct debriefing

**Confined Space Entry Permit**  
**RECLASSIFICATION SECTION**

Fill out the identification information and sections **Hazards and Controls** and **Atmospheric Testing** on the front of this permit and check the boxes certifying reclassification below.

I certify that the permit-space is able to be reclassified as non-permit required for the duration of this entry because:

- The space is listed on UCB's Confined Space Inventory as able to be reclassified to non-permit required; and
- This space has no potential or actual atmospheric hazards; and
- All hazards have been eliminated without entry into the space; and
- All hazards will remain eliminated for the duration of the entry; and
- Entrants are properly trained, aware of the confined space hazards, wearing proper PPE and will follow all safe-work practices.

**Authorization**

Name _____	Signature _____	Time Issued _____
<b>***Post Permit***</b>		
Time Canceled: _____	Problems During Entry: <i>No Yes</i> (describe) _____	
<input type="checkbox"/> Tools, equipment and personnel removed from space <input type="checkbox"/> Secure space		

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**ALTERNATE ENTRY**

Fill out the identification information and sections **Hazards and Controls**, **Atmospheric Testing**, and list all **Entrants** on the front of this permit. Check the boxes certifying alternate entry below.

This permit-space is being entered under Alternate Entry Procedures because:

- The only hazard posed by the permit space is an actual or potential hazardous atmosphere; and
- Continuous forced air ventilation is sufficient to maintain the space safe for entry; and
- All other hazards within the space have been eliminated without entry into the space; and
- The space is listed on UCB's Confined Space Inventory as capable of being entered under alternate procedures; and
- Entrants are properly trained, aware of the confined space hazards, wearing proper PPE and will follow all safe-work practices.

**Authorization**

I certify that the permit-space is safe for entry under alternate entry procedures.

Name _____	Signature _____	Time Issued _____
<b>***Post Permit***</b>		
Time Canceled: _____	Problems During Entry: <i>No Yes</i> (describe) _____	
<input type="checkbox"/> Tools, equipment and personnel removed from space <input type="checkbox"/> Secure space		

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