

UC Berkeley
PERMIT- REQUIRED CONFINED SPACE ENTRY PERMIT

DATE ISSUED:	START TIME:	END TIME:
1. THIS PERMIT MUST BE COMPLETED BY ENTRY PERSONNEL AND RECEIVE ENTRY SUPERVISOR AUTHORIZATION PRIOR TO ENTRY. 2. KEEP THIS PERMIT AT THE WORK SITE DURING ENTRY OPERATION. RETURN COMPLETED PERMIT TO THE ENTRY SUPERVISOR WHEN FINISHED. 3. PERMIT IS VALID FOR EIGHT (8) HOURS ONLY. A SEPARATE PERMIT IS REQUIRED FOR EACH 8-HOUR ENTRY PERIOD.		
LOCATION/BUILDING:	ROOM/AREA:	
TYPE OF CONFINED SPACE (I.E. MANHOLE, WETWELL, VAULT, ETC.):		
PURPOSE OF ENTRY:		
ENTRY SUPERVISOR: (print names)	ATTENDANT:	
AUTHORIZED ENTRANT(S) <u>NAME</u>	<u>TRAINING DATE</u>	COMMUNICATION PLAN/EQUIPMENT: (Describe)
1.		
2.		
3.		
4.		

	<u>POTENTIAL HAZARDS</u>			<u>PRECAUTIONS TAKEN BEFORE ENTRY</u>			<u>PRECAUTIONS TAKEN BEFORE ENTRY</u>			<u>PRECAUTIONS TAKEN BEFORE ENTRY</u>	
	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Moving Equipment	—	—	Oxygen Deficiency	—	—	Lockout Equipment	—	—	First Aid Kit Onsite	—	—
Toxic Vapor	—	—	Oxygen Enrichment	—	—	Lockout Input Lines	—	—	Protective Clothing	—	—
Unknown Chemicals	—	—	Heat	—	—	Lockout Valves	—	—	Eye Protection	—	—
Flammables / Combustibles	—	—	Chemical Input Lines	—	—	Pipes Blanked	—	—	Fire Extinguisher	—	—
Poor Ventilation	—	—	Steam Input Lines	—	—	Test Oxygen	—	—	Hearing Protection	—	—
Corrosive Materials	—	—	Water Input Lines	—	—	Test for Toxic Vapor	—	—	Complete Hot Work Permit	—	—
Inadequate Light	—	—	Sludge	—	—	Provide Ventilation	—	—	Secure Area-barricades/signs	—	—
Dust	—	—	Falling Objects	—	—	Purge Space with Air	—	—	Lighting (explosion proof)	—	—
Electrical Shock	—	—	Entrant Visibility	—	—	Read MSDS(s)	—	—	Use Non-sparkling Tools	—	—
Difficult Entry/Exit	—	—	Poor Communication	—	—	Tripod and Harness	—	—	Ground Fault	—	—
Venomous Insects	—	—	Other:	—	—	Respirator Onsite	—	—	Rescue Team Ready**	—	—

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RESCUE TEAM: BERKELEY FIRE DEPT. (CONTACT PRIOR TO ENTRY)	BERKELEY FIRE CONTACT: (print name)	PHONE:	DATE/TIME CONTACTED:
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ATMOSPHERIC MONITORING RESULTS

INSTRUMENT NO.:		BATTERY CHARGED: Yes ___ No ___		DATE CHARGED:		DATE CALLIBRATED:	
GAS	LIMIT	INITIAL RESULT	2ND HOUR RESULT	4TH HOUR RESULT	6TH HOUR RESULT	8TH HOUR RESULT	
OXYGEN	19.5% - 23.5%						
CARBON DIOXIDE	<5000 PPM						
CARBON MONOXIDE	<25 PPM						
FLAMMABLES 1. 2. 3.	<10% LEL						
OTHER 1. 2. 3.							
Initials and Note TIME TESTED:							
PERSON PERFORMING TESTING: (print name)							
MONITOR CONTINUOUSLY, RECORDING RESULTS EVERY TWO HOURS. RETEST AFTER BREAKS AND LUNCH.							

SUPERVISOR AUTHORIZING ENTRY

Emergency Phone Numbers:

PRINTED NAME:	Fire Dept.:	Land Line : 911
PHONE:	Ambulance:	Using Cell Phone :
SIGNATURE:	DATE:	

Debriefing: Note any hazards confronted / created during Permit work and suggestions for safe future entry.