Permit-required Confined Space Entry Debrief

Subcontractor: _____ LBNL Project Description: _____

Date of Entry: _____ Description of PRCS (include LBNL Inventory Number): _____

Time of Entry: _____ LBNL Activity Lead: _____

Entry conducted as

- Reclassification to Non-permit Confined Space
- Alternate Entry Procedures
- Permit entry

1. Was your experience of this space as described at the onset of the project?

2. Were there any unexpected events, new hazards, or conditions found during the entry?

3. Did you have any coordination issues or difficulties with LBNL personnel or any other subcontractor during the entry?

4. Did your work change the space in any way? If so, please describe, and assure that drawings and photos are transmitted to your LBNL Activity Lead (name above).

5. Do you feel that the Permit-required Confined Space Program under which you entered was adequate to protect you?

6. Do you have any other comments that would help LBNL improve its management of Permit-required Confined Spaces?