UC Berkeley Environment, Health & Safety

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.

Confined Space Details

Location/Building:_____ Room/Area:_____

Type of Confined Space (i.e. manhole, wetwell, vault, etc): _____

Purpose of Entry:

Personnel

Entry Supervisor (Print Name):

Attendant:

Authorized Entrant(s):

Name	Training Date
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Communication Plan/Equipment: (Describe)

Potential Hazards

Moving Equipment
- ☐ Yes
- ☐ No

Toxic Vapor
- ☐ Yes
- ☐ No

Unknown Chemicals
- ☐ Yes
- ☐ No

Flammables/Combustibles
- ☐ Yes
- ☐ No

Poor Ventilation
- ☐ Yes
- ☐ No

Corrosive Materials
- ☐ Yes
- ☐ No

Inadequate Light
- ☐ Yes
- ☐ No

Dust
- ☐ Yes
- ☐ No

Electrical Shock
- ☐ Yes
- ☐ No

Difficult Entry/Exit
- ☐ Yes
- ☐ No

Venomous Insects
- ☐ Yes
- ☐ No

Oxygen Deficiency
- ☐ Yes
- ☐ No

Oxygen Enrichment
- ☐ Yes
- ☐ No

Heat
- ☐ Yes
- ☐ No

Chemical Input Lines
- ☐ Yes
- ☐ No

Steam Input Lines
- ☐ Yes
- ☐ No

Water Input Lines
- ☐ Yes
- ☐ No

Sludge
- ☐ Yes
- ☐ No

Falling Objects
- ☐ Yes
- ☐ No

Entrant Visibility
- ☐ Yes
- ☐ No

Poor Communication
- ☐ Yes
- ☐ No

Other:

Precautions Taken Before Entry:

Lockout Equipment
- ☐ Yes
- ☐ No

Lockout Input Lines
- ☐ Yes
- ☐ No

Lockout Valves
- ☐ Yes
- ☐ No

Pipes Blanked
- ☐ Yes
- ☐ No

Test Oxygen
- ☐ Yes
- ☐ No

Test for Toxic Vapor
- ☐ Yes
- ☐ No

Provide Ventilation
- ☐ Yes
- ☐ No

Purge Space with Air
- ☐ Yes
- ☐ No

Read MSDS(s)
- ☐ Yes
- ☐ No

Tripod and Harness
- ☐ Yes
- ☐ No

Respirator Onsite
- ☐ Yes
- ☐ No

First Aid Kit Onsite
- ☐ Yes
- ☐ No

Protective Clothing
- ☐ Yes
- ☐ No

Eye Protection
- ☐ Yes
- ☐ No

Fire Extinguisher
- ☐ Yes
- ☐ No

Hearing Protection
- ☐ Yes
- ☐ No

Complete Hot Work Permit
- ☐ Yes
- ☐ No

Secure Area-barricades/signs
- ☐ Yes
- ☐ No

Lighting (explosion proof)
- ☐ Yes
- ☐ No

Use Non-sparkling Tools
- ☐ Yes
- ☐ No

Ground Fault
- ☐ Yes
- ☐ No

Rescue Team Ready**
- ☐ Yes
- ☐ No

Rescue Team: Berkeley Fire Dept. (Contact Prior To Entry

Berkeley Fire Contact: (Print Name)

Phone:

Date/Time Contacted:

Atmospheric Monitoring Results

Instrument No.:

Battery Charged:

- ☐ Yes
- ☐ No

Date Charged:

Date Calibrated:

1. **Gas**: Oxygen
    - **Limit**: 19.5%-23.5%
    - **Initial Result:**
    - **2nd Hour Result:**
    - **4th Hour Result:**
    - **6th Hour Result:**
    - **8th Hour Result:**
    - **Initials And Note Time Tested:**
2. **Gas**: Carbon Dioxide
    - **Limit**: <5000 Ppm
    - **Initial Result:**
    - **2nd Hour Result:**
    - **4th Hour Result:**
    - **6th Hour Result:**
    - **8th Hour Result:**
    - **Initials And Note Time Tested:**
3. **Gas**: Carbon Monoxide
    - **Limit**: <25 Ppm
    - **Initial Result:**
    - **2nd Hour Result:**
    - **4th Hour Result:**
    - **6th Hour Result:**
    - **8th Hour Result:**
    - **Initials And Note Time Tested:**
4. **Gas**: Flammables
    - Flammable:
        - **Limit**: <10% Lel
        - **Initial Result:**
        - **2nd Hour Result:**
        - **4th Hour Result:**
        - **6th Hour Result:**
        - **8th Hour Result:**
        - **Initials And Note Time Tested:**
    - Flammable:
        - **Limit**: <10% Lel
        - **Initial Result:**
        - **2nd Hour Result:**
        - **4th Hour Result:**
        - **6th Hour Result:**
        - **8th Hour Result:**
        - **Initials And Note Time Tested:**
    - Flammable:
        - **Limit**: <10% Lel

        - **Initial Result:**
        - **2nd Hour Result:**
        - **4th Hour Result:**
        - **6th Hour Result:**
        - **8th Hour Result:**
        - **Initials And Note Time Tested:**
5. **Gas**: Other
    - Gas:
        - **Limit**:
        - **Initial Result:**
        - **2nd Hour Result:**
        - **4th Hour Result:**
        - **6th Hour Result:**
        - **8th Hour Result:**
        - **Initials And Note Time Tested:**
    - Gas:
        - **Limit**:
        - **Initial Result:**
        - **2nd Hour Result:**
        - **4th Hour Result:**
        - **6th Hour Result:**
        - **8th Hour Result:**
        - **Initials And Note Time Tested:**
    - Gas:
        - **Limit**:
        - **Initial Result:**
        - **2nd Hour Result:**
        - **4th Hour Result:**
        - **6th Hour Result:**
        - **8th Hour Result:**
        - **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

Printed Name:

Phone:

Emergency Phone Numbers:

Fire Dept.:

Ambulance:

Police:

Land Line: **911**

Using Cell Phone:

Signature: **Date:**

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