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

Emergency Phone Numbers:

Printed Name:

Phone:

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: