C/M or P/M Reviewed:			CONSTRUCTION JOB HAZARDS ANALYSIS Confined Space Entry					
Building & Room(s): Contractor/Subcor			Contractor/Subcon	tractor Name:	Rev:			
Sc	ope of Work: Pleas	Confined Space Entry						
Tasks being Performed		Potential Safety Risks/Hazards		Safety Controls / Mitigations				
This is a TEMPLATE Describe the task to be Performed in the confined space and a list of equipment required to complete this task. Please be specific. [Remove these directions].		Entry into a chas NOT bee competent per threatening of injury. Potential safe include, but a falls, engulfmatmospheric serious safet (Describe additional per threatening)	onfined space that in evaluated by a erson could be life in cause serious ety risks may re not limited to ent, hazardous conditions or other y risks.	Competent person (confined space attendant/entry supervisor per OSHA training) must evaluate confined spaces prior to entry to determine the type of space (PRCS or non-PRCS). Test current atmosphere and tasks that introduce new hazards (e.g., paint, welding, etc.) with properly calibrated, properly functioning and bump tested 4 gas meter(s) (oxygen, carbon monoxide, hydrogen sulfide and %LEL) and any other relevant atmospheric hazards prior to entry. Notity LBNL PM/CM and EHS prior to work scope changes that would trigger the non-PRCS space to become a PRCS. Prior to starting work, submit the following to LBNL EHS for review: Subcontractor's written Confined Space Program and permit system. Confined space training records for workers, attendants and entry supervisor. Multi gas meter manufacturer's calibration and daily bump check documentation. Obtain confined space inventory hazard information from LBNL EHS prior to entry unless the space is created by the subcontractor. Obtain confined space inventory hazard information from LBNL EHS prior to entry unless the space is created by the subcontractor. Wear appropriate fall protection harnesses during entry into vertical non-PRCS or PRCS spaces				
l				Notify Alameda County Fire Department in advance of calling (510) 632-3473, extension 2019, and/or emailing determine the rescue requirements associated with the	ACFD@LBL.gov, so that they can			

			contractor prior to performing the PRCS entry.				
Employee Signatures:	Date:	Employe	e Signatures:	Date:	Employee Signatures:	Date:	

shall be documented by ACFD on the Worksite Rescue Assessment Form and provided to the