

## CONFINED SPACE ENTRY PERMIT

| LOCATION / MANHOLE #.:  |           | DATE AND TIME PERMI<br>AUTHORIZED: | T ENTRY PERMIT<br>DURATION: |                           |                               | CONTRACTOR<br>CABLE):  | ENTRY SUPERVISOR:            |                              | CLASSIFICATION OF SPACE<br>PERMIT REQUIRED - CONFINED SPACE |                       |               |                     |     |
|---|-----------|------------------------------------|-----------------------------|---------------------------|-------------------------------|--|------------------------------|------------------------------|---|-----------------------|---------------|---------------------|-----|
|   |           |                                    |                             |                           |                               |  |                              |                              |   |                       |               |                     |     |
| PURPOSE OF ENTRY  |           | <u> </u>                           |                             |                           |                               | ANTICIPATED H  | IAZARDS                      |                              |   |                       |               |                     |     |
| MATERIAL PREVIOUSLY IN CONFINED SPACE MO  |           |                                    |                             |                           | I<br>MONITORING INSTRUMENT US |  | D                            | SERIAL NO.                   |   | LAST DATE OF          |               | CALIBRATION         |     |
| (1  | nitial te | sting of the atmospher             | e in the space must be      | e taken bef<br>adings are | ore en<br>consis              | tent and record t  | num of two sa<br>them below. |                              | differen  | t levels to en        | sure the      |                     |     |
|   |           | OXYGEN %<br>19.5%, <23.5%)         | % OF LEL                    |                           |                               | CO<br>(<25ppm)   |                              | H <sub>2</sub> S<br>(<10ppm) |   | Other Toxics<br>(PEL) |               | Initials            |     |
|   |           |                                    |                             |                           |                               |  |                              |                              |   |                       |               |                     |     |
|   |           |                                    | I                           |                           | -                             | CKLIST   |                              |                              |   |                       |               |                     |     |
| Ignition sources rem  | noved/is  | solated                            |                             | YE                        | S N/A                         |  |                              |                              |   |                       |               | YES                 | N/A |
|   |           |                                    |                             |                           |                               | Tripod, winch, safety harnesses, lifelines, and hoists operational |                              |                              |   |                       |               |                     |     |
| Monitoring equipment calibrated   |           |                                    |                             |                           |                               | -  | rning/caution s              |                              | oporativ  | anal (i.a. Rad        | lice and Call |                     |     |
| Lockout/Tagout permit procedures completed  |           |                                    |                             |                           |                               | Phone).  |                              | e, lesteu anu                | operation   |                       |               |                     |     |
| Ground Fault Circuit Interrupters (GFI) operational   |           |                                    |                             |                           |                               |  |                              |                              |   |                       |               |                     |     |
| Ventilation equipment in use<br>Hot Work Permit (if: riveting, welding, cutting, burning, heating). |           |                                    |                             |                           |                               |  |                              |                              |   |                       |               |                     |     |
| Protective equipment appropriate, inspected & operational   |           |                                    |                             |                           |                               |  |                              |                              |   |                       |               |                     |     |
| RESCUE SYSTEMS/EQUI   | PMENT     |                                    |                             | PENDA                     | NT ALA<br>SIGNAL              | NRM<br>S   | D PERSONAL I                 | PROTECTIVE E                 | EQUIPME   | NT                    |               |                     | I   |
|   |           |                                    |                             | 5                         | IGNA                          | ATURES   |                              |                              |   |                       |               |                     |     |
| AUTHORIZED ENTRANT #1 Name Signature  |           |                                    |                             | Date                      |                               | ATTENDANT :<br>Name  |                              |                              | Signature   |                       |               | Date                |     |
| AUTHORIZED ENTRANT #2 Name Signature  |           |                                    |                             | Date                      |                               | Name   |                              | Signature                    |   |                       | Date          |                     |     |
| ATTENDANT #1<br>Name  |           | Signature                          |                             | Date                      |                               |  |                              |                              |   |                       |               |                     |     |
| IMPORTANT<br>Campus Secu  |           | NE NUMBERS                         | xt. 5000 When c             | lialing f                 | rom                           | a cell phone   | : 626-395-                   | 5000 Pa                      | asadei  | na Fire De            | epartment o   | dial 9 <sup>,</sup> | 11  |

This Permit must be complete and readily available upon request before entry.