APPENDIX 4  

UCB  P2  CONFINED SPACE  ALTERNATE ENTRY CHECKLIST

ENTRY DATE ____________    TIME OF ENTRY _____________      EXPECTED DURATION OF ENTRY ______________      TIME FINISHED ___________

P2 ENTRY LOCATIONS__________________________________________________________________________________________________________

PURPOSE OF ENTRY ______________________________________________________________________________________________________________

KEYS / CARDS ISSUED _________________________________________ KEYS / CARDS RETURNED ________________________________________

WO# / PROJECT# _______________________________________________ CSE COORDINATOR ______________________________________________

AUTHORIZED & TRAINED ENTRANTS _________________________________________________________________________________________________

RESCUE AND EMERGENCY SERVICES WILL BE PROVIDED BY ____________________________ TELEPHONE _____________________________

COMMUNICATION METHODS (including summoning rescue personnel) _____________________________________________________________________

ADDITIONAL SAFETY PROCEDURES IMPLEMENTED

Lockout/Tagout ________________________________________________

Hot Work (permit?) ____________________________________________

Blocking, Bleeding Lines _______________________________________

Barricades, Other Controls ______________________________________

NOTE: Conducting hot work, live steam line activities, or the use of chemicals can change space to P1.

ENVIRONMENTAL AND ATMOSPHERIC MONITORING

<table>
<thead>
<tr>
<th>TEST</th>
<th>PERMISSIBLE ENTRY LEVEL</th>
<th>INITIAL READING</th>
<th>READINGS DURING ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Percent Oxygen</td>
<td>19.5 – 23.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Percent LEL</td>
<td>&lt;10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. CO</td>
<td>&lt;25 ppm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. H₂S</td>
<td>&lt;10 ppm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Noise</td>
<td>&lt;85 dB (adequate communication must be maintained)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name or Initials of Tester & Time of Measurements ________________________________________________________________

IF ANY ALLOWABLE LEVEL IS EXCEEDED DESCRIBE VENTILATION CONTROLS USED: ____________________________________________________________

EQUIPMENT SUPPLIED TO EMPLOYEE (note type, quantity, condition, charged, calibrated, returned, etc.)

Air Testing ____________________ PPE Respiratory ____________________

Ventilating ____________________ PPE Hearing ______________________

Communications __________________ PPE Hands/Feet __________________

Lighting ________________________ PPE Body / Clothing ______________

Barriers/Barricades (pedestrian, vehicle...) __________________ PPE Head / Face __________________

Other Equipment __________________ Other PPE ____________________

CONTRACTORS: In addition to abiding by all UCB requirements, I acknowledge that our company has approved OSHA programs in place, including employee training, and that we comply with OSHA rules for confined space entry, lockout-tagout, personal protective equipment, asbestos awareness, and other applicable regulations.

Name ____________________________________________  Company _____________________________________________________  Date ________________________

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