APPENDIX 3  UCB P1 CONFINED SPACE ENTRY CHECKLIST

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

P1 ENTRY LOCATIONS ____________________________________________________________________________________________________________ ________

PURPOSE OF ENTRY ______________________________________________________________________________________________________________ ________

KEYS / CARDS ISSUED _________________________________________ KEYS / CARDS RETURNED ________________________________________

WO# / PROJECT# _______________________________________________ CSE COORDINATOR __________________________________________

AUTHORIZED & TRAINED ENTRANTS _________________________________________________________________________________________________ __

TRAINED ENTRY ATTENDANT(S) ____________________________________________________________________________________________________ ______

RESCUE AND EMERGENCY SERVICES WILL BE PROVIDED BY _________________________________________________   TELEPHONE ______________

COMMUNICATION METHODS (including summoning rescue personnel) ___________________________________________________________________________________________________

POTENTIAL HAZARDS OF THE P1 PERMIT SPACE TO BE ENTERED (circle)

- low oxygen
- combustible gases
- combustible vapors
- combustible materials
- flammable materials
- chemicals
- toxic gases/vapors
- electrical hazards
- severe weather
- mechanical equipment
- engulfment
- entrapment
- extreme temperatures
- uncontrolled asbestos*
- corrosive materials
- noise
- pests or vectors
- steam
- vertical entry
- other______________________

*Assessment of asbestos conditions must be approved by EH&S or certified consultant. Where asbestos is found to be damaged, stop work, notify CSE Coordinator and
EH&S Asbestos group – proper response action required prior to work or re-entry. Do not direct forced air onto asbestos containing materials (ACM) or use forced air in
areas with uncontrolled asbestos without EH&S approval and protocols.

CONTROL MEASURES USED TO ISOLATE THE SPACE AND ELIMINATE HAZARDS OR CONTROL EXPOSURES (explain)

- Purge, Test and Vent
- Ventilation*
- Lockout/Tagout
- Hot Work (permit?)
- Blocking, Bleeding Lines
- Barricades, Other Controls

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>
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<tr>
<td>B. Percent LEL</td>
<td>&lt;10%</td>
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<tr>
<td>C. CO</td>
<td>&lt;25 ppm</td>
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<tr>
<td>D. H2S</td>
<td>&lt;10 ppm</td>
<td></td>
<td></td>
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<tr>
<td>E. Noise</td>
<td>&lt;85 dB (adequate communication must be maintained)</td>
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</tbody>
</table>

Name or Initials of Tester & Time of Measurements

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

- Air Testing
- Ventilating
- Communications
- Lighting
- Barriers/Barricades (pedestrian, vehicle...)
- Access In & Out (ladders, tools...)
- Rescue & Emergency (lifeline, hoist, first aid...)

PPE Respiratory PPE Hearing PPE Hands/Feet PPE Body / Clothing PPE Head / Face Other PPE Other Equipment

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 ________________