

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

TEST	PERMISSIBLE ENTRY LEVEL	INITIAL READING	READINGS DURING ENTRY
A. Percent Oxygen	19.5 – 23.5%		
B. Percent LEL	<10%		
C. CO	<25 ppm		
D. H ₂ S	<10 ppm		
E. Noise	<85 dB (adequate communication must be maintained)		
Name or Initials of Tester & Time of Measurements			

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 _____

Access In & Out (ladders, tools...) _____ Other PPE _____

Rescue & Emergency (lifeline, hoist, first aid...) _____ 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 _____