## 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					
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

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 <sub>2</sub> S	<10 ppm		
E. Noise	<85 dB (adequate communication must be maintained)		
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\_\_\_