Is this a PRCS?  Y  N  If no and air monitoring will be done complete sections 1, 4, and 5.
If no and the non-entry rescue equipment will be used complete section 4, 5 and 6.
If yes can it be Reclassified  Y  N  If yes contact EHS.

### Pre-Entry Atmospheric Testing Log

<table>
<thead>
<tr>
<th>Gas Name</th>
<th>Test Result</th>
<th>Acceptable Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen (O2)</td>
<td>%</td>
<td>&gt;19.5% - &lt;23.5%</td>
</tr>
<tr>
<td>Lower Explosive Limit (LEL)</td>
<td>%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Carbon Monoxide (CO)</td>
<td>PPM</td>
<td>&lt;25 PPM</td>
</tr>
<tr>
<td>Hydrogen Sulfide (H2S)</td>
<td>PPM</td>
<td>&lt;1 PPM</td>
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<tr>
<td>Other</td>
<td>Consult EHS</td>
<td></td>
</tr>
</tbody>
</table>

### Potential Hazards (Check All That Apply)

**Atmospheric/Chemical Hazards:**
- Combustible/Explosive Dust Fibers
- Explosive/Flammable Gases or Vapors
- Oxygen Deficient/Enriched
- Toxic Fumes, Gases or Vapors
- Respirable Dust (i.e. silica, asbestos)
- Chemical Hazards (Circle All That Apply) Acid Alkali Corrosive Instable Oxidizer

**Physical Hazards:**
- Engagement
- Electric; Shock, Arc Flash/Blast
- Fall (i.e. entry point guarding)
- Temperature Extremes (Heat index of <11°F, >100°F)
- Internal Space Configuration: Inwardly Converging Wall(s)
- Sloped Floor to smaller cross-section
- Mechanical/Moving Equipment
- Noise
- Pressurized Piping, Valves or Vessels (i.e. hydraulic, steam, water)

### Pre-Entry Planning (Check All That Apply)

A. ☐ The entry portal(s) and or surrounding area have been barricaded and/or guarded to prevent falls and unauthorized entry.

B. ☐ N/A ☐ The space’s atmospheric condition(s) requires purging and or continuous forced-air ventilation to ensure atmospheric hazards are within acceptable levels, if so this space is prohibited from being reclassified.

C. ☐ N/A ☐ Hazardous Energy Sources: Electric Gas Hydraulic Pressure; Air/Steam/Water, etc. Residual/Stored Energy Other(s)__________________________________________

D. ☐ N/A ☐ Hazard Elimination and/or Control Method(s): Barrier Block/Blind Flange/Paddle Blind Bleed Drain Physical Disconnection Purge Lock/Tag/Verify Other

E. ☐ N/A ☐ Hot Work will be performed in space. Additional Requirements: Continuous Forced Air Ventilation Hot Work Permit

F. ☐ Attendant/Entrant communication method for entry: Visual Voice Radio/Cell Other
Pre-entry briefing conducted prior to entry; on space specific hazards, their respective controls, employee’s responsibilities and the space entry procedures.

4. Required Equipment (Check All That Apply)
- Gas Detection Meter/Air Monitor
- Non-Entry Rescue Means (e.g. tripod system)
- Body Harness (Required for all entrants unless it creates an entanglement hazard)
- Forced Air Ventilation—must be utilized where there is likelihood of atmospheric hazards.
- PPE: ________________________________

5. Other Equipment (Check All That Apply)
- GFCI
- Lighting
- Portable Ladder
- Respiratory Protection
- Self-Retracting Lifeline
- Temporary Pedestrian/Traffic Control Device(s)
- Other: ________________________________

6. Emergency and Rescue Planning
- Non-Entry Rescue; Tripod System
- Contracted Services

Notification to University Police x5555 Prior to Entry _____ and completion _________ *Use Radio and 911 Emergency Procedure to Summon Rescue

Emergency Contact: Campus Emergency Services 911

*Prior to entry ensure attendant has effective means of summoning emergency services.

7. Roster: Circle each Authorized Attendant (A) and Entrant (E) assigned duty and legibly print their name. Each time an Entrant enters or exits the space, the Entrant must record their time of entry and then record their time of exit and initial.

All entrants and attendants have been trained and attend pre-entry briefing.

<table>
<thead>
<tr>
<th>A/E</th>
<th>Name</th>
<th>In</th>
<th>Out/Initial</th>
<th>In</th>
<th>Out</th>
<th>In</th>
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8. Authorization by Entry Supervisor: I have determined the confined space for which this document permits entry and have found all hazards associated with the space to be controlled, isolated and/or eliminated to allow safe entry. If the above statement is true the Entry Supervisor must print, sign and record the time. If a determination of unacceptable conditions exists do not enter space and contact EHS for additional guidance.

Authorization Time: ____________________________
Name: ____________________________
Signature: ____________________________

9. Entry Atmospheric Testing: Log readings at beginning and ending of entry and, at a minimum of every 2 hours. Ensure atmospheric conditions are maintained at an acceptable level (AL) throughout the entry.

<table>
<thead>
<tr>
<th>Time</th>
<th>O2 AL: &lt;19.5-23.5%</th>
<th>LEL AL: &lt;10%</th>
<th>CO AL: &lt;25PPM</th>
<th>H2S AL: &lt;1PPM</th>
<th>Other AL:</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
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</table>

10. Permit Cancellation by Entry Supervisor: Ensure all entrants exit the space, remove unnecessary equipment/material/tooling from space, and secure space’s entryway portal. If the work task is complete remove all hazard isolation/elimination controls, ensure space is ready for safe start up, return space to normal operations and communicate completion to affected personnel.

Cancellation Date: ____________________________
Time: ____________________________
Signature: ____________________________

11. Post-Entry Notes: Note any problems or unusual events that occurred during the entry for annual permit and program review.