

University of Florida

CLASS "C"

Confined Space Checklist

This permit must be completed by the CP prior to entry into a confined space. It may only be issued under the conditions set forth in the written entry procedures specific to the space identified on this form. It shall be made available to each employee entering the space.

Specific location and space: _____ **ENTRY TEAM ASSIGNMENTS**
 Date entry is authorized: _____ Entrant: _____
 Time effective: From: _____ To: _____
 Attendant: _____
 Has each entrant received the prescribed training? Yes ___ No ___ CP _____
 Is area marked and secure? Yes ___ No ___

Purpose of Entry: _____

Equipment to be locked/tagged: _____
 Hot Work: _____

Atmosphere test readings must be taken before forced air supply is connected, if used, and PRIOR TO ENTRY.
 Readings recorded below must be within the prescribed safe limits.

ATMOSPHERIC PARAMETERS	READINGS								WITHIN PRESCRIBED LIMITS		SAFE LIMITS
	Initial	Additional									
Time of Readings:											
Oxygen by volume									Yes	No	>19.5% & <21%
Percent LFL									Yes	No	<10% LFL
Carbon Monoxide ppm									Yes	No	<25 ppm
Hydrogen Sulfide ppm									Yes	No	<10 ppm
Other									Yes	No	

Is forced air equipment working properly? Yes ___ No ___
 Is air supply from a clean source? Yes ___ No ___
 Has forced air been supplied the amount of time
 Prescribed before entry? Yes ___ No ___

I certify that all recognized hazards have been eliminated in this permit-required confined space to allow for entry. Safeguards and work practices are in place to ensure safe entry operations.

Signature of competent person authorizing entry: _____
 Title : _____ Date certification issued: _____