

# UCSB Reclassified Permit Space Entry Permit

**I. Confined Space Location:** \_\_\_\_\_ Emergency Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Entry Supervisor (Name, Department): \_\_\_\_\_ Permit valid from: \_\_\_\_\_ to \_\_\_\_\_  
 Purpose of entry: \_\_\_\_\_

**II. Confined Space Hazards (Check off and describe applicable hazards.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Atmospheric: _____         | <input type="checkbox"/> Hazardous Energy: _____      |
| <input type="checkbox"/> Thermal (hot/cold): _____  | <input type="checkbox"/> Engulfment/Entrapment: _____ |
| <input type="checkbox"/> Hazardous Materials: _____ | <input type="checkbox"/> Other: _____                 |

**III. Hazard Mitigation Procedures (\*\*All hazards must be eliminated prior to entry\*\*):**

- |  |   |
|--|---|
| <input type="checkbox"/> Energy Isolation: _____             | <input type="checkbox"/> Communication: _____ |
| <input type="checkbox"/> Ventilation: _____                  | <input type="checkbox"/> LOTO: _____          |
| <input type="checkbox"/> Engulfment Hazard Mitigation: _____ | <input type="checkbox"/> Other: _____         |

**IV. Required Equipment (Check ALL that apply and describe where indicated):**

- |   |   |  |                                     |  |
|---|---|--|-------------------------------------|--|
| <input type="checkbox"/> Barricades, Barrier Tape                       | <input type="checkbox"/> Blower and duct  | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> GFI Device | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Communication Equipment                        | <input type="checkbox"/> Rescue Equipment | <input type="checkbox"/> Other: _____      |                                     |  |
| <input type="checkbox"/> Personal Protective Equipment (Specify): _____ |   |  |                                     |  |

**V. Atmospheric Testing (Continuous Monitoring Maybe Required)**

Order of Testing	Tests to Be Performed	Acceptable Entry Conditions	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6
1	Oxygen (% Volume)	20.9% (19.5% to 23.5%)						
2	Flammable Gases (% LEL)	≤ 10% of LEL						
3	Hydrogen Sulfide (ppm)	≤ 5 ppm H <sub>2</sub> S						
4	Carbon Monoxide (ppm)	≤ 10 ppm CO						
Additionel Tests	Specify:	≤ 50% of PEL/TLV:						
Time of Testing:								
Instrument :	Make & Model:	Date Last Calibrated:						

**VI. Personnel**

Authorized Entrants (List all): \_\_\_\_\_  
 Attendant Personnel (Name, Department): \_\_\_\_\_  
 Individual Performing Calibration & Testing of Space (Name & Initials): \_\_\_\_\_

**VII. Permit Acceptance \*\*\*Permit-required confined spaces shall only be entered after all hazards have been eliminated and the space has been reclassified into non-permit required confined space. If a space cannot be reclassified the entry shall not take place.\*\*\***

Supervisor Authorizing Entry: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**VIII. Permit Cancellation**

Reason the permit was cancelled: \_\_\_\_\_

Was all work completed and space returned to normal operating mode? Yes No

Cancellation of Permit (Supervisor Authorizing Entry): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*\*Entry Supervisor must send copy of completed permit to EH&S Confined Space Program Manager ([nick.nieberding@ucsb.edu](mailto:nick.nieberding@ucsb.edu), MC: 5132)\*\*\*