

San Diego State University
CONFINED SPACE PRE-ENTRY CHECKLIST FOR NON-PERMIT REQUIRED SPACES

Please complete this checklist for the designated confined space to verify conditions are appropriate to classify this space as Non-Permit Required. Please Note: Communication is required during work in all confined spaces on campus, at least two employees are required at the site during work in confined spaces, and the area must be secured during all confined space work.

I. General Information

Space Type/Manhole Identification: _____ Date/Time: _____
 Shop: _____ Employee Names: _____

II. Non-Permit Required Confined Space Pre-Entry Checklist

Potential Hazard	Yes, this is a potential hazard identified in the initial confined space classification	Is this potential hazard secured, eliminated, or if applicable is monitoring being performed?
Atmospheric hazard		
Mechanical hazard		
Electrical hazard		
Thermal hazard		
Noise hazard		
Vibration hazard		
Fire or explosion hazard		
Engulfment/Entrapment hazard		
Materials harmful to skin		

List Other Potential Hazards	Yes, this is a potential hazard identified in the initial confined space classification	Is this potential hazard secured, eliminated, or if applicable is monitoring being performed?

If any of the initial identified potential hazards are active hazards as indicated by a "No" answer above, then this space shall be reclassified as a Permit Required Confined Space. A non-permit required confined space might also require reclassification based on the type of work to be performed in the space, for example welding.

Comments: _____

If an atmospheric hazard is indicated as a potential hazard in Section II above, a direct reading gas monitor shall be used to check the atmosphere and the results shall be listed below. If conditions are not acceptable the space shall be reclassified as a Permit Required Confined Space.

III. Atmospheric Hazard Data

Please collect and document pre-entry readings in the specified order when a potential atmospheric hazard exists:

At surface after cover is removed

3 feet from the surface

6 feet from the bottom

3 feet from the bottom

O₂	_____ % O ₂	_____ % O ₂	_____ % O ₂	_____ % O ₂	Acceptable Conditions
					>19.5% and <23.5% O₂
Explosive	_____ %LFL	_____ %LFL	_____ %LFL	_____ %LFL	<10% LFL
Toxic	_____ ppm CO	_____ ppm CO	_____ ppm CO	_____ ppm CO	< 25 ppm CO
	_____ ppm H ₂ S	_____ ppm H ₂ S	_____ ppm H ₂ S	_____ ppm H ₂ S	<10 ppm H₂S

Time Sampled _____
 Tester Signature and Date _____
 Instrument Name/Serial Number: _____
 Instrument Calibration Date: _____

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