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| SLAC_Logo_hires_small | Chapter : [Confined Space](https://www-group.slac.stanford.edu/esh/hazardous_activities/confinedspace/)  Non-permit-required Confined Space Entry Form  Product ID: [158](https://www-internal.slac.stanford.edu/esh/docreview/reports/revisions.asp?ProductID=158) | Revision ID: 2165 | Date Published: 30 March 2020 | Date Effective: 30 March 2020  URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedFormNPRCS.pdf> | [docx](https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedFormNPRCS.docx) |

Applicability. This form applies to spaces that are listed as a non-permit required confined space (NPRCS) in the [confined space inventory](https://slac.sharepoint.com/sites/ESH/confinedspace/Lists/inventory/AllItems.aspx). It establishes that there are no existing hazards associated with this confined space and that the planned work will not introduce any. If entry conditions do not meet requirements or for more information, see [Confined Space: Entry Procedures](https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedProcedEntry.pdf) (SLAC-I-730-0A21C-007).

Instructions. This form must be completed before anyone enters the space and kept at or near the entrance to the space during entry. Forms must be sent to the confined space program manager (M/S 22) once the work is completed and retained for a minimum of one year. To ensure entry conditions are acceptable, this form is good for one day only. For work lasting more than one day, a separate form is needed for each day's work.

Confined Space

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| Reason for entry: | Entry date: |
| Location: | |
| Space description: | |
| Evaluate if new hazards will be created by the planned work (a NPRCS entry requires that the answer to all three questions be “no”) | |
| Will any activities that could create a hazard be conducted inside the confined space, such as welding or breaking a line?  No  Yes  If yes, describe: | |
| Will any chemicals that could create a hazard be brought into the space? Examples include solvents and adhesives.  No  Yes  If yes, specify: | |
| Are there any conditions in or around this space that could adversely affect anyone who enters it?  No  Yes  If yes, describe: | |

Air Monitoring Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attendant will sample air  Initially  Every \_\_\_\_\_\_ minutes  Continuously | | | | | | | |
| Device | | | Sequence or  serial number | Calibration due date | Pre-use check performed by | Notes | |
|  | | |  |  |  |  | |
|  | | |  |  |  |  | |
| Time | Sampled by | O2  (19.5–23.5%) | (LEL/LFL <10%) | CO  (<25 ppm) | H2S  (<10 ppm) | Stratification | Other: |
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Personnel Entry and Exit Record *(to be completed as needed before and during work)*

| Attendant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: |
| --- | --- | --- | --- | --- | --- | --- |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Notes: | | | | | | |

Confirmation (must be signed by the confined space entry supervisor before work begins)

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| --- | --- |
| I confirm that there are no existing hazards associated with this confined space and that the planned work will not introduce any.  Name: | |
| Signature: | Date: |