



ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 6: [Confined Space](#)

Non-permit-required Confined Space Entry Form

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URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedFormNPRCS.pdf> | [docx](#)

This form is available in the following formats:

1. Adobe Acrobat (pdf) (attached)
2. Microsoft Word ([docx](#))

A generic version, for use by construction subcontractors who do not have their own equivalent form, is also available:

1. Adobe Acrobat ([pdf](#))
2. Microsoft Word ([docx](#))

Non-permit-required Confined Space Entry Form

Applicability. This form applies to spaces that are listed as a *non-permit required confined space (NPRCS)* in the [confined space inventory](#). 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](#) (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

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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:	
Will any chemicals that could create a hazard be brought into the space? Examples include solvents and adhesives. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:	
Are there any conditions in or around this space that could adversely affect anyone who enters it? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:	

Air Monitoring Results

Attendant will sample air <input type="checkbox"/> Initially <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> Continuously							
Device			Sequence or serial number	Calibration due date	Pre-use check performed by	Notes	
Time	Sampled by	<input type="checkbox"/> O ₂ (19.5–23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (<25 ppm)	<input type="checkbox"/> H ₂ S (<10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other:

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						
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Time out						
Time in						
Time out						
Time in						
Time out						
Notes:						

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

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: