



# University of Illinois at Urbana-Champaign

## Confined Space Entry Program

Section I	Type of Space:	Date:										
	Specific Location:											
	Purpose of Entry:											
	Known/Potential Hazards:											
Section II	Original Hazard:	Steps Taken to Eliminate Hazard:	Elimination Performed By: (Name)									
<b>Notes:</b> 1. All hazards must be ELIMINATED. CONTROL of the hazards is not an acceptable reason for reclassification. 2. Control of atmospheric hazards through forced air ventilation does not constitute elimination of the hazards. If a hazardous atmosphere is the only known or potential hazard and can be controlled through continuous forced air ventilation, see the Alternate Entry Procedures Form. 3. Introduction of a hazard into the space (e.g., paint thinner, hot work, etc.) requires the use of the full permit process.												
Section III	Time Monitoring Recorded:											
	Tests to be Taken	Limit	Test Results									
	% of Oxygen	19.5-23.5 %										
	% of LEL	10%										
	Carbon Monoxide	25 ppm										
	Hydrogen Sulfide	10 ppm										
	Others (List):											
Monitoring Instrument Name: <b>Serial #:</b>												
Date of Calibration:												
<b>Notes:</b> 1. Monitoring shall be conducted prior to entry. Continuous monitoring shall be conducted during entry. 2. Cal. Date = Date of last documented calibration.												
Section IV	I certify that I have verified the elimination of all known and potential hazards associated with this space.											
	Competent Person:		(Signature) (Print Name)									
			(Phone) (Date)									