

C-A CONFINED SPACE ENTRY CERTIFICATION

Location	Date
Building	Area/Location/Room: Classification from C-A Inventory List:
Supervisor/Designee	Life #

PRE-ENTRY QUESTIONS	N/A	YES
For each item, check "yes" or "no": If no, consult Supervisor		
Is entry essential to perform work?	<input type="checkbox"/>	<input type="checkbox"/>
Have all employees been trained in confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>
Are conditions safe to remove utility-hole cover?	<input type="checkbox"/>	<input type="checkbox"/>
Has opening been guarded?	<input type="checkbox"/>	<input type="checkbox"/>
Is monitoring equipment calibrated?	<input type="checkbox"/>	<input type="checkbox"/>
Has monitoring been performed and recorded below?*	<input type="checkbox"/>	<input type="checkbox"/>
Is GFCI used, if outside or in wet conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Is ventilation blown into bottom of space? (If required)	<input type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to evacuate upon hazard detection?	<input type="checkbox"/>	<input type="checkbox"/>
Have all workers reviewed these entry requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Radiation: If present, RWP may be required – review work with ESH Coordinator and/or RCD personnel. Evaluate hazards and controls.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Reviewed	

SPACE CLASSIFICATION QUESTIONS	Class 2A	Class 2B	Class 2C
For each item, check box only if "yes"			
Engulfment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized, but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Energized Systems: (e.g. steam, sewage)			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but Controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but not controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sources, introduced into space? (e.g. welding fumes, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature/Pressure Hazard? (other than steam utility-holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If ANY box in column 2C is checked, a Confined Space Permit IS required. If any box in column 2B is checked, and none in column 2C, a Confined Space Permit IS NOT required BUT continuous monitoring and ventilating ARE required. If only boxes in column 2A are checked, no additional requirements apply. 			

Classification evaluation

CLASSIFICATION	I have completed the front and back of this Confined Space Entry Certification form and classified this space. If the confined space is classified as a 2C, I will obtain a Confined Space entry permit from the ESH Coordinator. If the space is Class 2B, continuous monitoring and ventilation is required and will be documented on this form.
CLASS:	Supervisor/Designee: _____ Life # _____ Date: _____

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Meter:	Serial #	Calibration Date:
Day of Use Sensor Check <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tested By:	BNL#:	

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Pre-Entry Certification test					
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Supplemental sampling record

CLASS 2B CONFINED SPACE ENTRY CERTIFICATION

For Class2B spaces, Hourly or Periodic monitoring is required.

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Class 2B: Describe Method of Ventilation: