

Title \_\_\_\_\_ Date \_\_\_\_\_

**University of Florida**  
**CLASS "C"**  
**CONFINED SPACE PRE-ENTRY CHECKLIST**

This certification form is to be completed for authority to allow entry into a confined space. It may only be issued under the conditions set forth in the written entry procedures specific to the space identified on this form. It shall be made available to each employee entering the space.

Specific location and space: \_\_\_\_\_  
 Date entry is authorized: \_\_\_\_\_  
 Time effective: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Has each entrant received the prescribed training? Yes \_\_\_ No \_\_\_  
 Is area marked and secure? Yes \_\_\_ No \_\_\_

**Atmosphere test readings must be taken before forced air supply is connected, if used, and PRIOR TO ENTRY.** Readings recorded below must be within the prescribed safe limits.

ATMOSPHERIC PARAMETERS	INITIAL READING	FINAL READING	WITHIN PRESCRIBED LIMITS		SAFE LIMITS
			Yes	No	
Oxygen by volume			Yes	No	>19.5% & <21%
Percent LFL			Yes	No	<10% LFL
Carbon Monoxide ppm			Yes	No	<25 ppm
Hydrogen Sulfide ppm			Yes	No	<10 ppm
Other			Yes	No	

Is forced air equipment working properly? Yes \_\_\_ No \_\_\_  
 Is air supply from a clean source? Yes \_\_\_ No \_\_\_  
 Has forced air been supplied the amount of time prescribed before entry? Yes \_\_\_ No \_\_\_

Describe each step taken as prescribed by the written entry procedures as the basis for determining that all hazards have been eliminated (i.e. lockout/tagout of feed valves or power switches; removal of contaminants; etc.). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all recognized hazards have been eliminated in this permit-required confined space to allow for entry. Safeguards and work practices are in place to ensure safe entry operations.

Signature of person authorizing entry: \_\_\_\_\_

Title : \_\_\_\_\_ Date certification issued: \_\_\_\_\_