



CONFINED SPACE ENTRY PROGRAM – APPENDIX B

CONTRACTOR DEBRIEFING FORM

1. GENERAL INFORMATION:

Name of Contractor: _____

USC Department that hired contractor: _____

USC Contact Person(s): _____

Location of Confined Space(s) Entered: _____

Date Entered: _____ Time Entered: _____ Time Completed: _____

Purpose of Entry: _____

- 2. TYPE OF ENTRY:** This was a “Permit Required” confined space entry.
 This was an “Alternate Procedure” confined space entry.
 This was a “Non-Permit-Required” confined space entry.

3. LIST HAZARD(S) ASSOCIATED WITH THIS ENTRY:

4. PROBLEMS EXPERIENCED WITH ENTRY OR WITH THIS CONFINED SPACE: NONE

Hazard Assessment: Air Monitoring Other _____

Equipment: Identification Lockout/Tagout Other _____

Line / Valve / Power Source: Identification Disconnecting Blanking Blocking Bleeding
 Isolating Purging Inerting Draining Flushing Ventilating Other _____

Openings: Barricading Guarding Flagging Other _____

Other: _____

5. COMMENTS:

The above information is accurate to the best of my knowledge:

Date

Contractor Supervisor Name (Printed)

Signature

Contractor: Return Form to hiring department’s Supervisor within 48-hours of entry job termination.

Dept. Supervisor: Notify EHS of the entry at 213-740-6448; Fix identified problems and note completion; and File completed this form with Entry Permits for annual EHS review.