



CONFINED SPACE ENTRY PROGRAM – APPENDIX C CONTRACTOR PRE-ENTRY INFORMATION SHEET

1. Name of Contractor: _____

USC Department hiring Contractor: _____

USC Contact Person(s): _____

Location of Confined Space(s) to be Entered: _____

Permit-Required Confined Space? No Yes. If yes, why? _____

Purpose of Entry: _____

2. List hazard(s) associated with this Confined Space(s):

3. Past problems associated 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: _____

4. Precautions & procedures that must be implemented for employee protection in/near the confined space(s):

5. Available Methods to activate Emergency Notification System:

Dept. Supervisor: Provide completed form to Contractors. Fax copy to EHS at (213) 740-0820.

File copy of completed form with Entry Permits for annual EHS review.