

Campus Unit: _____

It is the policy of the above-mentioned unit to comply with the University of Illinois Confined Space Entry Program. The purpose of this document is to complement the University Program with Unit-Specific SOPs.

PROGRAM ADMINISTRATION

OSH and other qualified personnel will assist Campus Units in fulfilling their obligations outlined in the Confined Space Entry Program upon request.

The following individual has responsibility for the administration of entry into confined spaces in the above-mentioned unit. It is the responsibility of this person to identify potential confined spaces and personnel who may enter confined spaces, ensure affected personnel receive proper training, maintain program documentation, and annually review Unit-Specific SOPs.

(Name) (Title)

Equipment Availability and Maintenance

The equipment listed below is available for use by unit personnel. It is located at _____
_____. Contact _____ at _____
_____ to get access to the equipment.

Description	Manufacturer/Model	Serial #

If you require equipment that is not listed above, contact _____ at _____
_____ to identify a rental company.

All equipment must be inspected daily prior to use in accordance with the manufacturers operator's manual which is located _____. Damaged equipment shall not be used and shall be reported to _____ at _____ immediately.

Confined Space Inventory

The following spaces have been identified, evaluated, and classified by a Confined Space Competent Person. Copies of the Confined Space Evaluations are maintained by the Unit Responsible Person.

Type of Confined Space	Specific Location	Classification



Training

The individuals listed below have completed proper training suitable for a **Confined Space Entrant**

Last Name	First Name	UIN	Signature



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The individuals listed below have completed proper training suitable for a **Confined Space Attendant**.

Last Name	First Name	UIN	Signature

The individuals listed below have completed proper training suitable for a **Confined Space Supervisor**

Last Name	First Name	UIN	Signature

The individuals listed below have completed proper training suitable for a **Confined Space Competent Person**.

Last Name	First Name	UIN	Signature

Recordkeeping

The Unit Responsible Person shall retain records in accordance with the following:

1. Training records to be retained for the length of employment.
2. Practice rescue records for the length of employment.
3. Confined Space Evaluation forms shall be retained until the space is re-evaluated or razed.
4. Non-Permit Entry Re-Classification forms shall be retained until the space is re-evaluated or razed.
5. Entry Permits shall be retained a minimum of year and shall be used for annual evaluation of the Unit-Specific SOPs.
6. Alternate Entry Procedure forms shall be retained a minimum of year and shall be used for annual evaluation of the Unit-Specific SOPs.