Permit Required Confined Space (PRCS) Contractor Pre-Inspection Checklist North Carolina Central University

NCCU Representative:	Signature, date:
NCCU Department:	Date(s) approved for PRCS Entry:
Contractor Representative:	Company name:
Location of the PRCS(s):	
Size of PRCS, Number of Persons Working:	
Type of the PRCS: specify all that apply and/or	
air handler attic electrical manhole electrical vault mechanical sump & pit sanitary sewer m	
Initials of Contractor	NCCU Agent
Company was qualified or prequalified	d with a PRCS program per OSHA. Yes No
Company informed it has the equipment	t, personnel, and training needed for safe PRCS entry. Yes No
Company was apprised of the hazards identified that render it a PRCS. Yes No	
Company was informed that the NCCU Representative will coordinate multi-employer Yes No PRCS entry and activities of NCCU personnel working nearby.	
	resentative any hazards confronted in PRCS or operations when company ends PRCS entry. Yes No
	notifications to NCCU Police (919) 530-6106 and Yes No scue personnel are contracted to respond.

Notes:

 Yes or No
 This contractor is prequalified to perform PRCS entry.
 If no, qualify entity below.

 All items required to Qualify Entity.
 All items required to Qualify Entity.

 Yes or No
 Company informed it has a PRCS program per OSHA.

 Name and contact number from whom the PRCS program may be obtained:
 Phone:

 Other contact information for PRCS program, e.g., address:
 Phone: