**Visitor Confirmation of**

**Confined Space Program Compliance**

Virginia Tech properties contain spaces that meet the Occupational Safety and Health Administration’s (OSHA) definition of “confined space”, and possibly “permit-required confined spaces”. In order to allow non-Virginia Tech personnel to enter such spaces for review, inspection, or other necessary purposes, we require confirmation that you and your employer (including those self-employed) have the necessary safety training and program components in place prior to entry.

In accordance with 29 CFR 1910.146, I confirm that the following confined space program components are in place.

[ ]  I have received confined space training from my employer (or other entity) and understand the hazards that are involved with entering into such spaces. Date of last training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I/my company has a written confined space program in effect.

[ ]  I will either perform my own air monitoring of the space prior to/during entry, or am willing to accept the air monitoring readings of the Virginia Tech representative facilitating access to the confined space.

[ ]  I have been notified by the Virginia Tech representative facilitating access to the confined space of any pertinent historical hazards.

Entrant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entrant’s Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location to be entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Visitor Signature) (Date)

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 (VT Representative Facilitating Access) (Date)