Confined Space Entry Permit

Date / Time Issued:			Date / Time Expires:			
Job site / building #:		Supervisor:				
Equipment to be worke	ed on:					
Work to be performed:						
Stand by personnel:						
Atmospheric Checks:	Time Oxygen Explosive H2S CO	% LF				
Tester's Signature:						
Explosive H ₂ S	blinded, () (or blocked () (n: N/A Y () (ion only () (er isolation and ventilat % LEL PPM) ()) () /es No) ()) () ion: > 19.5 % < 10 %	H₂S CO			
Tester's signature:						
Communication proceed	lures:					
Rescue procedures:						
Is training current for en Equipment: Direct reading gas Safety harnesses/li Hoist equipment Powered communit PPE All electric equipment Class I, Division I, 0 And non-sparking t	monitor – tested (felines (cations (ent listed Group D	onnel? V/A))))	Yes () Yes () () () () ()	No () No () () () ()		
	have and understood	I. Entry cai	nnot be app		rein. Written instructions m is marked "NO". This	

Permit Prepared By: (Supervisor)

Approved By: (Department Supervisor)

This permit to be kept at the job site. Return site copy to Safety Officer following job completion.

Periodic atmospheric test:

Oxygen	 %	Time	Oxygen	%	Time
Oxygen	 %	Time	Oxygen	%	Time
Explosive	 %	Time	Explosive	%	Time
Explosive	 %	Time	Explosive	%	Time
H2S	 PPM	Time	H2S	PPM	Time
H2S	 PPM	Time	H2S	PPM	Time
СО	 PPM	Time	_ CO	PPM	Time
СО	 PPM	Time ——	- co ——	PPM	Time ———

Note: (1) Spaces may have to be evacuated and re-evaluated if hazards arise during entry.