

EQUIPMENT TO BE PROVIDED AND/OR AVAILABLE: Check those that are required.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Lifelines | <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Explosion Proof Lighting |
| <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> Personal Protective Gear | <input type="checkbox"/> Retrieval System | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> _____ | | | |

Additional Information/Comments (add additional page if needed):

INSTRUMENT (ATMOSPHERIC) INFORMATION				Signature of Tester:			
Instrument Name/Model:							
Serial or Equipment No.:				Date:		Time:	
Results of Test:							
O ₂	%	LFL	%	CO	ppm	H ₂ S	ppm

MONITOR ATMOSPHERE CONTINUOUSLY						
FREQUENCY OF RECORDING [] Hourly [] Other (specify)						
TESTING RECORD	Acceptable Conditions	Time:	Time:	Time:	Time:	Time:
		Result	Result	Result	Result	Result
Oxygen	19.5 – 23.5%					
Flammability	10% LFL					
H ₂ S	10 ppm					
CO	35 ppm					
Heat (specify)						
Other (specify)						
Tester Initials		{ }	{ }	{ }	{ }	{ }

ENTRANT DEBRIEFING (Mandatory):

Any hazard confronted or created during entry operations? Yes No

Explanation:

AUTHORIZATION			
I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this Confined Space.			
Entry Supervisor	Printed Name	Signature	Date
TERMINATION OF PERMIT:			
Entry Supervisor	Printed Name	Signature	Date
Reason:	[] Job Completed	[] Other:	
REVIEW BY SAFETY:			

NOTE! Completed permits shall be retained a minimum of 5 years plus current year.

PERMIT MUST BE AVAILABLE AT ENTRY LOCATION IN PLASTIC SLEEVE