

<b>CONFINED SPACE ENTRY PERMIT</b> <b>LOW HAZARD ENTRY PERMIT</b>				ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED	
LOCATION AND DESCRIPTION OF SPACE OR AREA					
PURPOSE OF ENTRY					
DURATION OF ENTRY		ENTRY PERSONNEL		ATTENDANT	
SUPERVISOR(S) CODE AND EXTENSION					
SPECIAL REQUIREMENTS	YES	NO	SPECIAL REQUIREMENTS	YES	NO
LOCKOUT/TAG-OUT			TRIPOD/ESCAPE UNIT		
VENTILATION			LIFELINES/HARNESS		
SECURE AREA			LIGHTING		
RESPIRATORY PROTECTION			COMMUNICATION		
CPR TRAINING/EQUIPMENT			PROTECTIVE CLOTHING		
ATMOSPHERIC MONITORING	PEL LEVELS		DATE/TIME	DATE/TIME	DATE/TIME
% OF OXYGEN	19.5% TO 21%				
% OF LEL	LESS THAN 10%				
SPECIFIC GAS ____	PPM				
SPECIFIC GAS ____	PPM				
SPECIFIC GAS ____	PPM				
GAS TESTER:					
NOTE: CONTINUOUS/FREQUENT TESTING SHALL BE ESTABLISHED PRIOR TO STARTING THE JOB.					
INSTRUMENT(S) USED		TYPE		CALIBRATION DATE	
SERIAL #					
SERIAL #					
SERIAL #					
CONFINED SPACE MONITOR NAME AND SIGNATURE:					
IN CASE OF AM EMERGENCY - CALL:					
<input type="checkbox"/> ADDITIONAL INFORMATION ON REVERSE SIDE					