

CONFINED SPACE ENTRY PERMIT LOW HAZARD ENTRY PERMIT				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	
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
% OF OXYGEN		19.5% TO 21%			
% OF LEL		LESS THAN 10%			
SPECIFIC GAS ___		PPM			
SPECIFIC GAS ___		PPM			
SPECIFIC GAS ___		PPM			
GAS TESTER:					
<i>NOTE:</i> 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					