

CONFINED SPACE ENTRY PERMIT

Date and Time Issued: _____ Date and Time Expired: _____

Job site location and description: _____

Purpose of entry: _____

Equipment to be worked on: _____

Stand-by personnel: _____

Communication procedures: _____

Rescue Procedure: _____

Entrants and Attendants- Successfully completed the required training? Yes No

Personal Protective Equipment Required: _____

Periodic Atmospheric Tests

Time _____ Oxygen _____%

Time _____ Oxygen _____%

Time _____ Oxygen _____%

Time _____ Oxygen _____%

Time _____ Oxygen _____%

I have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood.

Permit Prepared By: (Entrant) _____

Approved By: (Safety Coordinator) _____

RETURN THIS JOB SITE COPY TO THE SAFETY COORDINATOR FOLLOWING JOB COMPLETION