

Ventilation

Mechanical () N/A () Yes () No

Natural ventilation only () N/A () Yes () No

Means of detecting an increase in atmospheric hazard levels if the ventilation system malfunctions:

Atmospheric Checks AFTER Isolation and Ventilation (Testing Results)

Oxygen level: _____ **Oxygen levels are safe**—they are between 19.5 and 23.5 percent. () Yes () No

Flammable gas, vapor or mist level: _____ **Flammable gas, vapor or mist levels are safe**—they are not over 10 percent of LFL. () Yes () No

Airborne combustible dust level: _____ **Airborne combustible dust levels are safe**—they do not meet or exceed LFL.* () Yes () No

Other toxic and hazardous substance level: _____ **Other toxic and hazardous substance levels are safe**—they do not exceed PEL. () Yes () No

Other atmospheric conditions are safe—there is no other atmospheric condition that is immediately dangerous to life or health. () Yes () No

If "No", describe: _____

Tester's signature _____ Date and time of testing _____

* Concentration can be approximated as a condition in which the combustible dust obscures vision at a distance of 5 feet (1.52 meters) or less.

Communication Procedures

Rescue Team Contact Procedure

The fire department needs to be notified of the location and start time of confined space entry and when the job has been completed.

Procedure reviewed by:

Review date:

Equipment Check (Equipment is Available and Functional)

Direct reading, calibrated meter	()	N/A	()	Yes	()	No
Ventilation equipment	()	N/A	()	Yes	()	No
Safety harness and lifelines for entry personnel	()	N/A	()	Yes	()	No
Retrieval device	()	N/A	()	Yes	()	No
Communications	()	N/A	()	Yes	()	No
Access equipment	()	N/A	()	Yes	()	No
Protective clothing	()	N/A	()	Yes	()	No
All electric equipment listed for area classification	()	N/A	()	Yes	()	No

Periodic Atmospheric Tests (by Substance Type)

Oxygen	_____	%	Test time: _____	Oxygen	_____	%	Test time: _____
Oxygen	_____	%	Test time: _____	Oxygen	_____	%	Test time: _____
Flammable	_____	%	Test time: _____	Flammable	_____	%	Test time: _____
Flammable	_____	%	Test time: _____	Flammable	_____	%	Test time: _____
Combustible	_____	%	Test time: _____	Combustible	_____	%	Test time: _____
Combustible	_____	%	Test time: _____	Combustible	_____	%	Test time: _____
Toxic	_____	%	Test time: _____	Toxic	_____	%	Test time: _____
Toxic	_____	%	Test time: _____	Toxic	_____	%	Test time: _____

Certification

We have reviewed the work authorized by this permit and the information contained herein. Affected employees, entrants, attendants and supervisors have received and understand written instructions and safety procedures. Entry cannot be approved if any items are marked in the "No" column. This permit is valid **only if** all appropriate items are completed.

Permit prepared by: (Supervisor) _____

All entry procedures have been followed: _____

Entry supervisor: _____ Date: _____

Entrant: _____ Date: _____

Attendant: _____ Date: _____