	Coni	FINE	S S F	PACE	ENTRY PERMIT					
Date and time issued:				Ex	piration date and time:					
Job site/ Space I.D.:  Job supervisor:										
Work to be performed:										
Entrant has received training	g ()	Yes	()	No						
Attendant has received train	ing ()	Yes	()	No						
Supervisor has received train	ning ()	Yes	()	No						
Attendant personnel:										
Atmospheric Checks (Test	ing Resul	ts)								
Oxygen level:		Oxyge and 23			re safe—they are between 19.5	()	Yes	()	No	
Flammable gas, vapor or mist level:					vapor or mist levels are t over 10 percent of LFL.	()	Yes	()	No	
Airborne combustible dust levels are safe— level:  Airborne combustible dust levels are safe— they do not meet or exceed LFL.*							Yes	()	No	
Other toxic and hazardous substance level:		Other are sa			()	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 approximate	d as a conditi	on in which	h the co	mbustible	e dust obscures vision at a distance of 5 feet (	1.52 me	eters) or	less.		
Space Preparation (Blanki	ng, Locko	ut, Tag	out, e	etc.)						
<u>Hazard</u>			<u>Pre</u>	paratio	on/Isolation	]	Date C	Compl	eted	
Flooding N	Notified fire department of the work location to ensure fire									
h	hydrants would not be flushed.									

Ventilation															
Mechanical	()	N/A	()	Yes	(	)	No								
Natural ventilation only	()	N/A	()	Yes	(	)	No								
Means of detecting an inc	rease in	atmos	sphei	ric ha	azaro	d le	evels i	f the ve	entilati	on systen	n mali	functi	ons:		
Atmosphovis Chasks AE	TED Too	alatio		d Va	e de il l	a bi	on (T	octing [	) oculto	- )					
Atmospheric Checks AF	TER IS									between	10 5				
Oxygen level:				3.5 p				ie the	y are i	between	19.5	()	Yes	()	No
Flammable gas, vapor or mist level:					_	•	-	r or m		vels are		()	Yes	()	No
Airborne combustible dust level:	t	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 condisions is immediately dangerous				there	e is ı	no	other	atmosp	heric	condition	that	()	Yes	()	No
If "No", describe:															
Tester's signature								Date a	nd tim	e of testi	ng _				
* Concentration can be approximated		tion in w	hich th	ne coml	bustib	le dı	ust obsc	ures vision	at a dist	ance of 5 fee	et (1.52	meters	or less.		
Communication Proced	ures														
Rescue Team Contact P										6. 1					
The fire department needs	s to be n	otified	d of t	he Io	cati	on	and s	tart tim	ie of co	onfined s	pace e	entry	and w	/hen	the
job has been completed.															

Equipment Check (	Equipm	ent is Availabl	le and Function	nal)							
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 Atmosphe	ric Test	t <b>s</b> (by Substa	nce Type)								
Oxygen	%	Test time:		Ox	ygen				%	Test time:	
Oxygen	%	Test time:		Ox	ygen				%	Test time:	
Flammable	%	Test time:		Fla	mmat	le			%	Test time:	
Flammable	%	Test time:		Fla	mmab	le			%	Test time:	
Combustible	%	Test time:		Со	mbust	ible			%	Test time:	
Combustible	%	Test time:		Со	mbust	ible			%	Test time:	
Toxic	%	Test time:		To	xic				%	Test time:	
Toxic	%	Test time:		To	xic				%	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 <i>only if</i> all appropriate items are completed.											
Permit prepared by:	(Supe	rvisor)									
All entry procedures	have be	en followed:									
Entry supervisor	:							Dat	e:		
Entrant:								Dat	e:		
Attendant:											

Review date:

Procedure reviewed by: