Confined Space Entry Permit

Space to be Entered: _______________________________ Date: ______________

Duration of Stay: ______________________________________________________

Retest: _______________________________________________________________

Test Results (To be performed by Environmental Health)

O₂ _______% Minimum 19.5%

Combustible Gas _______% <20% LEL

Carbon Monoxide _______% <25 ppm

Tester Signature: _________________________________ Date: __________

Safety Precautions

Space Tagged Out Yes No

Space Ventilated Yes No

Space Flushed Yes No (If contained Hazardous liquid)

Other ____________________________________________________________

____________________________________________

Communication Method

Required PPE’s

Personnel Authorized to Enter

____________________________________________

Entry Attendants

____________________________________________

Entry Supervisor ___________________________ Date _______________