This permit must be completed prior to entry into the confined space. Entry cannot be performed if any boxes are marked "No." This permit is valid for only 8 hours only.

Date of entry: __________________________  Time of Entry: __________________________
Location: ________________________________  Type of space: __________________________
Equipment to be worked on: __________________________
Work to be performed: __________________________
Anticipated time needed to complete work: __________________________
Anticipated Hazards: __________________________
Entry personnel: __________________________
Attendants: __________________________

**Acceptable conditions**

1. Atmospheric checks:
   - Oxygen: \% O₂
   - Explosive: \% LEL
   - Toxic: ppm

   Atmospheric Tester's Initials: __________________________  Time: __________________________

2. Isolation of pumps/lines:
   - N/A
   - Yes
   - No
   - Pumps or lines blocked, blinked, or disconnected

3. Ventilation:
   - N/A
   - Yes
   - No
   - Mechanical
   - Natural ventilation only

4. Hot work permit required
   - ( )

5. Atmospheric checks after isolation and ventilation, if applicable:
   - Oxygen: \% O₂
   - Explosive: \% LEL
   - Toxic: PPM

6. Communication procedures:

7. Lockout procedures, if applicable:

8. Entrant(s), attendant(s), and rescue personnel (if applicable) have successfully completed required training.
   - Yes
   - No

9. Equipment:
   - N/A
   - Yes
   - No
   - Direct reading sampling device which is properly calibrated
   - Safety harnesses and lifelines for entrants and attendants
   - Mechanical retrieval/hosting equipment
   - Communication equipment
   - SCBA or Type C air line respirator
   - Personal protective equipment and clothing
   - Electrical equipment/Lighting/Non sparking Tools
   - Traffic barriers/entrance covers

I have reviewed the work authorized by this permit and the information pertaining to each item. Safety procedures have been received and are understood by all personnel.

Entry Supervisor: __________________________  Date: __________________________