CONFINED SPACE ENTRY PERMIT

1. Name of Contractor or DOD Unit	1A. Name of Emergency	1B. Telephone Number
2. Specific Location of Space	3. Description of Space	
4. Purpose of Entry	5. Entry A. Date B. Time 6. Exit A. Date B. Time	
7A. Name of Supervisor in Charge of Work	7B. Telephone Number	8. Name of Entrant(s)
9. Name of Attendant	10. Name of Confined Space Tester	11. Welding or "Hot Work" Required YES NO

12. CONFINED SPACE TEST DATA

List specific tests made. Entry is prohibited if reading is outside standard permissible entry level (PEL).

A. SUBSTANCE TESTED	B. PERMISSIBLE LEVEL	C. READING	D. DATE	E. TIME
Oxygen (%)	19.5 22.0			
% of Lower Explosive Limit	10%			
Carbon Monoxide	35 ppm			

13A. Name Of Instrument(s)	13B. Type(s) of Instrument(s)	13C. Identification Number(s)	13D. When Last Calibrated

14. SEPCIAL REQUIREMENTS (Explain each "No answer in Item 18).

YES	NO	ITEMS	YES	NO	ITEMS
		A. LOCKOUT – DE-ENERGIZE (employee retains key)			I. FIRE EXTINGUISHER
		B. SPACE PURGED			J. LIGHTING
		C. VENTILATION			K. EMERGENCY TRIPOD
		D. AREA SECURED			L. PROTECTIVE CLOTHING
		E. BREATHING APPARATUS			M. LINE CAPPED OR BLANKED
		F. RESUSCITATOR/INHALATOR			N. RESPIRATOR
		G ESCAPE HARNESS			O.
		H. LIFELINE			P.

15. Other special requirements (List each and status)

16A. Specific protective clothing and equipment required	16B. Respirator NEG PRESS. SUPPILED AIR PAPR SCBA

17. COMMUNICATION PROCEDURES DURING ENTRY

18. ADDITIONAL COMMENTS/REMARKS

19. RESERVED FOR REGIONAL S&EM DIVISON/BRANCH/SEMD/SOHB

20. I certify that I understand the requirements of the Confined Space Entry regulations as mandated by OSHA and or SEMD polices furthermore, I will comply with all of these criteria.

ENTRANT SIGN & DATE ATTENDANT SIGN & DATE SUPERVISOR SIGN & DATE