CONFINED SPACE ENTRY PERMIT

Issue Date:	School Name:					
Issue Time:	Confined Space:					
Expiration Date:	Entry Personnel:					
Expiration Time:	Standby Personnel:					
NOTE: DURATION OF PERMIT IS N	от то ехсеед 8 но	OURS	FOR EN	NTRY IN	TO A CON	NFINED SPACE.
Atmospheric Checks	Time: am /					
Oxygen:	_% (19.5%-22.5%)					
Combustible:	_% L.E.L. (<10% ($CH_4)$				
	_ppm (<10% H ₂ S)					
Carbon Monoxide:	_ppm (<35ppm)					
Tester's Name and Signature:						
Isolation of Pumps or Lines			Yes	No	N/A	
Pumps or lines blocked, blanked, o	or disconnected					
Ventilation			Yes	No	N/A	
Mechanical						
Natural ventilation only						
Atmospheric Checks after Isolation			necessa	ry)		
Oxygen:	_% (19.5%-22.5%))				
Combustible:	_% L.E.L. (<10%)	CH ₄)				
	$_{\text{ppm}} (<10\% \text{ H}_{2}\text{S})$					
Carbon Monoxide:	_ppm (<35ppm)					
Tester's Name and Signature:						
Equipment	Y	es	No	N/A		
Calibrated 4-gas meter	1					
Safety harness/lifelines						
Communication equipment						
Proper PPE						
Mechanical/retrieval devices						
Electrical tools/lighting/non-spark	tools					
We have reviewed the work a	authorized by this	pern	nit and	the inf	formation	1 contained
herein. Written instructions						
This permit is not valid unle	ss all appropriate	item	s are c	omplet	ed and u	nderstood.
Prepared by:	(print)					(sign)
Approved by:	(print)					(sign)