b Site / Space I.D. b Supervisor quipment To Be Worked On									
uipment To Be Worked On									
ork To Be Performed									
and-By Personnel									
. Atmospheric Checks: Time: a Oxygen:	% Exp	losive:	_, % L.F.L.	Toxic:	, F	PPM			
 Tester's Signature: Source Isolation (No Entry Pumps or lines blinded,): N/A Yes	N	Mechanical	Modification:			No		
Explosive: Toxic:	, % > 19.5% , % L.F.L. < 10% , PPM < 10 PPM , □ a.m. □	ntilation: 6 // H ₂ S	Natural Venti	lation Only			_		
Rescue Procedures:	Jp Persons:	Yes No							
Successfully Completed Red Is It Current?	quired Training?								
Direct Reading Gas Monitor Safety Harnesses and Lifelir Hoisting Equipment Powered Communications SCBA's for Entry and Standt Protective Clothing All Electric Equipment Listec Class I, Division I, Group D a	nes for Entry and so by Persons	ŕ	N/A	Yes No					
Periodic Atmospheric Test	s: Time:; Time:; Time:;	a.m. [a.m. [a.m. [a.m. [□ p.m. □ p.m. □ p.m. □ p.m.	Oxygen: Oxygen: Explosive: Explosive:		% % %	Time: _ Time: _ Time: _	;	
Toxic: % e have reviewed the work auth iderstood. Entry cannot be app is permit is not valid unless all	Time:: orized by this per roved if any squa	□ a.m. □ mit and the inform res are marked in	□ p.m. nation contai	Toxic: ned herein. W		%	Time: _	;	□ a.m. □ p.m.
ermit Prepared By: (Supervisor									
oproved By: (Unit Supervisor) = eviewed By: (Cs Operations Pe									

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