



**Ventilation**

Mechanical ( ) N/A ( ) Yes ( ) No

Natural ventilation only ( ) N/A ( ) Yes ( ) No

Means of detecting an increase in atmospheric hazard levels if the ventilation system malfunctions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Atmospheric Checks AFTER Isolation and Ventilation (Testing Results)**

Oxygen level: \_\_\_\_\_ **Oxygen levels are safe**—neither above 23.5 percent nor below 19.5 percent. ( ) Yes ( ) No

Flammable gas, vapor or mist level: \_\_\_\_\_ **Flammable gas, vapor or mist levels are safe**—they are not over 10 percent of LFL. ( ) Yes ( ) No

Airborne combustible dust level: \_\_\_\_\_ **Airborne combustible dust levels are safe**—they do not meet or exceed LFL.\* ( ) Yes ( ) No

Other toxic and hazardous substance level: \_\_\_\_\_ **Other toxic and hazardous substance levels are safe**—they do not exceed PEL. ( ) Yes ( ) No

**Other atmospheric conditions are safe**—there is no other atmospheric condition that is immediately dangerous to life or health. ( ) Yes ( ) No

If "No", describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tester's signature \_\_\_\_\_ Date and time of testing \_\_\_\_\_

\* Concentration can be approximated as a condition in which the combustible dust obscures vision at a distance of 5 feet (1.52 meters) or less.

**Communication Procedures**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rescue Team Contact Procedure**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure Reviewed by: \_\_\_\_\_ Review date: \_\_\_\_\_  
\_\_\_\_\_

**Equipment Check (Equipment is Available and Functional)**

Direct reading, calibrated meter	( )	N/A	( )	Yes	( )	No
Ventilation equipment	( )	N/A	( )	Yes	( )	No
Safety harness and lifelines for entry personnel	( )	N/A	( )	Yes	( )	No
Retrieval device	( )	N/A	( )	Yes	( )	No
Communications	( )	N/A	( )	Yes	( )	No
Access equipment	( )	N/A	( )	Yes	( )	No
Protective clothing	( )	N/A	( )	Yes	( )	No
All electric equipment listed for area classification	( )	N/A	( )	Yes	( )	No

**Periodic Atmospheric Tests (by Substance Type)**

Oxygen	_____	%	Test time: _____	Oxygen	_____	%	Test time: _____
Oxygen	_____	%	Test time: _____	Oxygen	_____	%	Test time: _____
Flammable	_____	%	Test time: _____	Flammable	_____	%	Test time: _____
Flammable	_____	%	Test time: _____	Flammable	_____	%	Test time: _____
Combustible	_____	%	Test time: _____	Combustible	_____	%	Test time: _____
Combustible	_____	%	Test time: _____	Combustible	_____	%	Test time: _____
Toxic	_____	%	Test time: _____	Toxic	_____	%	Test time: _____
Toxic	_____	%	Test time: _____	Toxic	_____	%	Test time: _____

**Certification**

We have reviewed the work authorized by this permit and the information contained herein. Affected employees, entrants, attendants and supervisors have received and understand written instructions and safety procedures. Entry cannot be approved if any items are marked in the "No" column. This permit is valid **only if** all appropriate items are completed.

Permit Prepared by: (Supervisor) \_\_\_\_\_

All entry procedures have been followed: \_\_\_\_\_

Entry Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Entrant: \_\_\_\_\_ Date: \_\_\_\_\_

Attendant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS PERMIT CAN BE CANCELLED AT ANY TIME BY THE ENTRY SUPERVISOR, THE ENTRANT OR THE ATTENDANT IN THE EVENT OF A SAFETY CONCERN.**

This permit is to be kept at the job site. Return the expired permit to the program administrator at the conclusion of the job