

Enclosed Space Entry Permit

Location		Area	
Subcontractor		Applicant	Name:
			Function:
Date of entry		Time of entry	at _____ hrs for a maximum of _____ hrs

Enclosed space contained:			
Gas test requirements		Oxygen (Minimum 20% - Maximum 22%)	L.E.L.
Prior to entry at hrs % %
Repeated at hrs % %
At hrs % %
Continuous	YES/NO	Type of tester	

Required personal protection equipment

Personnel entering enclosed space must be named and sign below for acceptance of conditions!			
Name		Signature	
Name		Signature	
Name		Signature	
Name		Signature	
Nominated manhole watch		Signature	
Company superintendent		Signature	
Issue date of permit			
Checked Company safety	at hrs

All enclosed space entries require a permit!
Permits to be handed into Company issuing authority at the end of EACH workday