

4. PERSONNEL AWARENESS (CHECK WHEN COMPLETED)

- A Pre-Entry briefing has been accomplished on specific hazards, work to be performed, control methods, and emergency egress (See section 6 for emergency rescue plan)
- Signs have been posted as required
- Pedestrian and vehicle barriers posted if required
- Other: _____

5. EMERGENCY RESCUE (CHECK WHEN BRIEFED)

- Method of contacting Emergency Services: Radio Cell Phone (228-688-3636) SSC Phone (911)

Rescue Plan:

- Fire Department will determine if there should be a constant fire department presence for rescue
- Fire Department will sign permit after rescue plan is finalized
- Tripod in place and entrant attached to lifeline
- Rescue plan method: _____

6. ATMOSPHERIC TESTING AND MONITORING RECORD

Type Hazard	Test	Acceptable Conditions	Initial Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____
Oxygen		19.5% - 23.5%				
Flammable/Combustible Gas		0% L.F.L.				
Carbon Monoxide		<35 ppm				
Hydrogen Sulfide		0 ppm				
Other Toxic						
Heat						
Other						
Tester Initials						
Safety/Comp Person Initial						

Note: Continuous monitoring shall be documented at least every 2 hours

7. TESTING DOCUMENTATION

Band / Model Number	Serial No. / ECN	Calibration Expiration Date

8. ATTENDANT AND ENTRANT

I have reviewed this permit and understand the conditions of entry (safety critical procedure).

Signature of Attendant Signature of Entrant Signature of Entrant Signature of Entrant

9. FIRE DEPARTMENT

I have reviewed this permit and approve the planned rescue procedures as outlined in section 5 of this permit.

Signature of Fire Department Personnel

10. SAFETY

I have reviewed this permit and understand the conditions of entry (safety critical procedure).

Signature of Competent Person

11. ENTRY SUPERVISOR

I have personally inspected the work site and approve this permit.

Entry Supervisor Printed Name Entry Supervisor Signature Date Time

12. CANCELLATION OF PERMIT

I have personally verified all persons have exited the confined space, conducted a debriefing, and do certify that the permit is canceled.

Entry Supervisor Printed Name Entry Supervisor Signature Date Time

This permit must be available on the job site during entry. Permit is good only for the times indicated. Maintain canceled permits for one (1) year.