CONFINED SPACE ENTRY PERMIT

DATE OF PERMIT:	EXPIRATION DATE/TIME:
LOCATION: (NPS, LA MESA, GOLF CRSE, ANNEX [FNOC/NRL]	DESCRIPTION: (manhole, etc)

AUTHORIZED ACTIVITY: (cleaning,repair,etc)

AUTHORIZED ENTRY PERSONNEL: (list all personnel) (FULL NAMES)

ATMOSPHERIC TEST DATA

TEST	PRE-ENTRY	FOLLOW-UP				
Oxygen Content						
Explosive (%LEL)						
Toxine (Specify)						
Tested by: Date/Time:						

INSTRUMENT	MODEL	SERIAL NO.	FIELD CALIBRATION DATE	CALIBRATION EXPIRATION DATE	COMMENTS

REQUIRED SAFETY PRECAUTIONS

REQUIREMENT	YES	NO	SPECIFICS
Attendant (NAME)			
Respiratory Protection			
Protective Clothing			
Protective Equipment			
Fire Extinguisher			
Rescue Equipment			
Lockout/Tagout			
Ventilation			
Follow-up Testing			
Other Controls			
Communication Practices			

EMERGENCY CONTACT: FIRE DEPT PHONE: 2333

OTHER COMMENTS:

ENTRY SUPERVISOR'S SIGNATURE:	CONFINED SPACE PROGRAM MANAGER'S (OR QUALIFIED ASSISTANT) SIGNATURE

ORIGINAL - Entry Supv WHITE COPY 1 - POST AT SITE YELLOW COPY 2 - CSPM (OSH OFC) GREEN