

Form Number LLCF-012	Issue Date 01/01/11	Revision Date 01/01/24	Form Number LLCF-012
Confined Space Entry Permit			

Customer: _____ **Location/Boat:** _____ **Start Date:** _____

Job Task: _____ **Start Time:** _____

Permit Requirements	Yes	No
Lock Out/Tag Out – De Energize		
Lines Broken/Capped or Blanked		
Purge/Flush and Vent		
Ventilation (Forced)		
Body Harness		
Alarm Horn		
Life Vests		
Protective Clothing		
Hazard Communication Briefing		
Rescue Plan Briefing		
Evacuation Route Briefing		
Secure Area		
Respiratory Protection Type _____		
Lighting Type _____		

Initial Atmospheric Tests			
Test Instrument:	Serial No.		
Has bump test been performed	Yes	No	
Type of Test	Time	Reading	Initials
First test for Oxygen (19.5%-23.5%)			
First test for LEL (< 10%)			
First test for H ₂ S (< 10 PPM)			
First test for CO (< 50 PPM)			
Other: _____			

Crew List		
Print Name	Signature	Job Assignment

Entry/Exit Log with Atmospheric Testing

NAMES	Time	In	Out	In	Out	In	Out	Oxygen	LEL	H ₂ S	CO	Initials

Additional Instructions: _____

Attendant Signature: _____ **Supervisor Signature:** _____

Company's SDS file and OSHA's Hazard Communications Standard relating to the same are in the Main Office. Superintendents have instructed their personnel of (1) Hazardous products in their work area, (2) special precautions to take pertaining thereto, and (3) emergency and first aid procedures. All copies of permit will remain at job site until expiration. * 29 CFR Part 1910.146