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|------------------------------------|---------------------|------------------------|-------------------------|
| Form Number LLCF-012 | Issue Date 01/01/11 | Revision Date 01/15/26 | 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 |
| | | |
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Entry/Exit Log with Atmospheric Testing

| NAMES | Time | In | Out | In | Out | In | Out | Oxygen | LEL | H ₂ S | CO | Initials |
|-------|------|----|-----|----|-----|----|-----|--------|-----|------------------|----|----------|
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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 and managed online. 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

GIS Company Name: _____