	Issue Date 01/01/11	Revision Date 01/15/26	

Form Number LLCF-013	**Confined Space Entry/Exit & Continued Testing Log**	Form Number LLCF-013

JOB SITE: _____ **DATE:** _____

SUPERVISOR: _____ **ATTENDANT:** _____

NUMBER OF EMPLOYEES ASSIGNED TO ENTER: _____ **JOB #:** _____

TEST READINGS

NAMES	TEST TIME	OXY% 19.5- 21.0	LEL 0	H2S 0	CO 0	INITIALS	IN	OUT	IN	OUT	IN	OUT

	Y	N	N/A
BREATHING AIR WORN:			

	Y	N
ALL WORKERS ACCOUNTED FOR:		

ATTENDANT: _____ **GIS Company Name:**_____

SUPERVISOR: _____

COMMENTS:

_____

_____

_____