CONFINED SPACE ENTRY LOG

Risk/Hazard Assessment must identify all hazards before entering confined space. Safe Work Practices & Safe Work Procedures for entering and leaving the confined space must be understood by person(s) entering confined space.*This entry log must be posted at the site entry and be appropriately completed by the Confined Space Entry Supervisor.*

Location of Confined Space Work: _____   Permit NO: _____

Date: _____   Time Issued: _____   Time Expired: _____

Reason for Space Entry:_____

Name of Entry Supervisor:_____   Signature of Entry Supervisor:_____

CONFINED SPACE WATCH MONITOR	CONFINED SPACE ENTRANT	TIME IN	TIME OUT	SIGNATURES MONITOR/ENTRANT	# OF PEOPLE IN CONFINED SPACE	

ATMOSPHERIC TESTING_____ (Pre-entry/following work breaks/lunch hours)

Testing Equipment Used: _____   Model: _____   I.D. Number: _____

Testing Equipment Used: _____   Model: _____   I.D. Number: _____

Time: _____   Result: _____   Initials_____

Time: _____   Result: _____   Initials_____

Time: _____   Result: _____   Initials_____

Other, Specify: _____   Time: _____   Result: _____

I verify equipment is in calibration: (*Signature of Tester*): _____

_____

PERMIT CANCELLATION

Permit Cancelled By: Name: _____   Date: _____   Time: _____

Why was permit cancelled? □ Work is complete □ Permit expiration □ Other (specify): _____