General Information

Building _______________________________
Location _______________________________
Date _______________ Time _______________

Purpose of Entry

Equipment to be worked on _______________________________
Attendant

Communication Procedures (please circle):    Radio     Verbal

Equipment:  Yes  No  N/A

Completed
Training:     __________     __________     __________
Training Current:     __________     __________     __________
Gas Meter Tested:     __________     __________     __________
Safety Harness:     __________     __________     __________
Hoisting
Equipment:     __________     __________     __________
Portable Radio:     __________     __________     __________
Non Sparking
Light:     __________     __________     __________
Attendant:     __________     __________     __________

Authorized Entrants:

Completed Training:  ________ ________ ________ ___________________________
Training Current:  ________ ________ ________ ___________________________
Gas Meter Tested:  ________ ________ ________ ___________________________
Safety Harness:  ________ ________ ________ ___________________________
Hoisting Equipment:  ________ ________ ________ ___________________________
Portable Radio:  ________ ________ ________ ___________________________
Non Sparking Light:  ________ ________ ________ ___________________________
Attendant:  ________ ________ ________ ___________________________

Measures Used To Isolate The Permit Space  (Please circle appropriate response)
A.  Are electrical sources secured per lockout/tagout procedures?         Yes       No       N/A
B.  Mechanical Lockout/Blockout?                                                      Yes       No       N/A
C.  Blanking/Disconnect?                                                                   Yes       No       N/A
D.  Are GFCI Cords used for electrical tools and lights?                        Yes       No       N/A
E.  Hot work permit is required for any open flame or spraking device.            Yes       No       N/A

Air Quality: (Initial Entry Test)

Is Additional Ventilation required? _______ Yes     _______ No
If "Yes" explain:  _____________________________________________________________

Permit Prepared by: ________________________________________________________________
Reviewed by: ______________________________________________________________________
Approved by: ______________________________________________________________________

Atmospheric Testing:  Attendant must monitor readings every 30 minutes

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Reason For Meter to Alarm:  

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**IMPORTANT**

If at any time you lose communication with the individuals in the confined space, do not attempt to enter the space to perform a rescue. Notify Security immediately and they will activate 911. Wait by the entrance for help to arrive and do not let any unauthorized personnel enter the space unless they are equipped with the appropriate equipment (meter, skat-pack etc.).
REMINDEERS
1. Notify Security via radio prior to entering a confined space. Leave your portable radio on for the duration of the day in case of emergency.
2. If an alarm sounds on the meter, exit the confined space and notify Security for appropriate action.
3. The three reading rule shall always apply when entering a confined space.
4. At the end of the day be sure to notify Security to let them know you have completed your work for the day and that you are out of the confined space. In some cases an officer may need to respond to your area to re-arm or lock the confined space.
5. All equipment should be returned to B&G by 3:15pm unless arrangements have been made for a later drop off.

Tester Signature:_________________________________________________________________________