GENERAL INFORMATION

Space to be Entered: __________________________

Location/Building: ____________________________________________________________

Purpose of Entry: ____________________________________________________________

Date/Time: _____________________________________________________________

PERMIT SPACE HAZARDS

(Indicate specific hazards with initials)

☐ Oxygen deficiency (less than 19.5%)
☐ Flammable gases or vapors (greater than 10%)
☐ Toxic gases or vapors (greater than PEL)
☐ Mechanical hazards
☐ Electrical shock
☐ Materials harmful to skin
☐ Engulfment
☐ Entrapment
☐ Other:

EQUIPMENT RECORD FOR ENTRY AND WORK

Specify as required

Personal Protective Equipment: ____________________________________________________

Respiratory Protection: ______________________________________________________

Atmospheric Testing/Monitoring: ________________________________________________

Communication: ______________________________________________________________

Ventilation: _________________________________________________________________

Other: ______________________________________________________________________

PREPARATION FOR ENTRY

☐ Notification of affected departments of service interruption

Isolation Methods:

☐ Purge/Clean  ☐ Lockout/Tagout  ☐ Ventilate
☐ Atmospheric Test  ☐ Barriers  ☐ Steam Isolated
☐ Inert  ☐ Blank/Blind  ☐ Other:

☐ Pre-entry briefing on specific hazards and control methods

☐ Notify contractors of permit and hazard conditions

☐ Notify Security of location and entrants

COMMUNICATION PROCEDURES

To be used by Attendants and Entrants:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

AUTHORIZED ENTRANTS

(List by name or attach roster)

____________________________________________________________________________

AUTHORIZED ATTENDANTS

(List by name)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

EMERGENCY SERVICE

Colby Security Department

859-5530: office

859-5911: emg.

Radio: Security Repeater or PPD channel

TESTING RECORD

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<tbody>
<tr>
<td>Oxygen Minimum</td>
<td>&gt;20.3 %</td>
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<tr>
<td>Oxygen Maximum</td>
<td>&lt;20.8 %</td>
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<td>Flammability</td>
<td>0% LEL/LFL</td>
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<td>Toxic (Specify)</td>
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<tr>
<td>CO</td>
<td>&lt;35 ppm</td>
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<td>Heat</td>
<td>F/C</td>
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<tr>
<td>Other</td>
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Tester Initials: __________ __________ __________ __________ __________ __________ __________

AUTHORIZATION OF ENTRY SUPERVISOR

I certify that all required precautions have been take and necessary equipment for safe entry and work in this space.

Printed Name: __________________________ Signature: __________________________ Date: ________ Time: ________