

Section I	Type of Space:						Date:					
	Specific Location:											
	Purpose of Entry:											
Section II	Known/Potential Hazards											
	Hazard Evaluation:										Yes	No
	1. Are there known or potential Atmospheric Hazards?											
	2. Can the Atmospheric Hazards be controlled by forced air ventilation?											
	3. If forced air ventilation were to fail, would the space become Immediately Dangerous to Life of Health (IDLH)?											
	4. Are there other known hazards?											
	5. Can the other known hazards be eliminated without entrance into the space?											
Note: If the answer to questions 2 OR 5 is "NO", OR the answer to question 3 is "YES", then the full Entry Permit process must be used.												
Section III	Original Hazards:				Steps Taken to Eliminate Hazards:				Elimination Performed By: (Name)			
Section IV	Time Tests Are Taken											
	Tests to be Taken		Limit		Test Results							
	% of Oxygen		19.5-23.5 %									
	% of LEL		10 %									
	Carbon Monoxide		25 ppm									
	Hydrogen Sulfide		10 ppm									
	Others (List):											
	Monitoring Instrument Name:						Serial #:					
	Date of Calibration:											
Note: Initial air monitoring tests shall be completed before entry. Continuous air monitoring is required, with results being recorded at least hourly. For questions pertaining to test requirements, contact your supervisor.												
Section V	I certify that I have verified that all atmospheric hazards are being controlled by continuous forced air ventilation and all other known and potential hazards associated with this space have been eliminated.											
	Entry Supervisor:											
	(Signature)						(Print Name)					
	(Phone)						(Date)					