



CONFINED SPACE PERMIT

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Company	ABC & Co.	Project	12july hotwrk
Time	06:14	Date	November 30, -0001
Duration	21	Supervisor Name	Mary Costa

SECTION 1

SITE LOCATION

gfgfdggdgd6

DESCRIPTION OF CONFINEDSPACE

tddfdd

NATURE OF WORK/ REASON FOR ENTRY

OTHER PERMITS

SECTION 2

PERMIT PULLED

Pull Date : **November 30, -0001**

Pull Time : **06:14**

Pull Duration : **21**

RESCUE AND EMERGENCY RESPONSE

No Entry Rescue

Entry Rescue Team

SECTION 3

Atmospheric Hazard Identification

Air Monitoring location specified **Top**

Air Monitoring location specified **Top**

Ventilation

Adequate pre-entry ventilation has been completed **Middle**

Adequate pre-entry ventilation has been completed **Middle**

SECTION 4

INITIAL TEST BEFORE MECHANICAL VENTILATION OR ENTRY

Initial

OXYGEN	1
CO	3
LEL	2
H2S	4

TEST AFTER VENTILATION

Initial

OXYGEN	5
CO	7
LEL	6
H2S	8

ATTENDANT(S)

Johny Cristo

Robin Ferlo

AUTHORIZED ENTRANTS

Reman Devode

COMMUNICATION SYSTEM

Radio

Verbal

OTHER HAZARDS

Biological

Temperature

Chemical

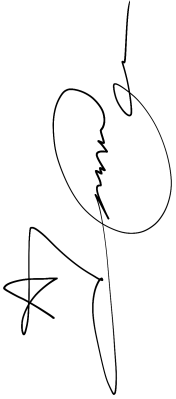
PPE REQUIRED

Head Protection

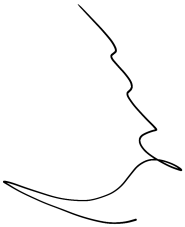
Body Protection

Fall Protection

SUPERVISOR SIGNATURE

A handwritten signature in black ink, consisting of a stylized, cursive script.

CLOSED SIGNATURE

A handwritten signature in black ink, consisting of a stylized, cursive script.