



# CONFINED SPACE PERMIT

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Company	ABC & Co.	Project	Project 1 Test
Time	04:24	Date	November 30, -0001
Duration	1	Supervisor Name	ataindigoicon@gmail.com

## SECTION 1

### SITE LOCATION

### DESCRIPTION OF CONFINEDSPACE

### NATURE OF WORK/ REASON FOR ENTRY

### OTHER PERMITS

## SECTION 2

### PERMIT PULLED

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

Pull Time : **04:24**

Pull Duration : **1**

### RESCUE AND EMERGENCY RESPONSE

No Entry Rescue

Entry Rescue Team

## SECTION 3

**Atmospheric Hazard Identification**

**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**

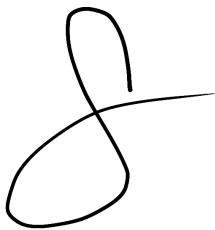
OXYGEN	9
CO	9
LEL	9
H2S	9

**TEST AFTER VENTILATION**

**Initial**

OXYGEN	9
CO	9
LEL	9
H2S	9

**SUPERVISOR SIGNATURE**



**CLOSED SIGNATURE**

