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| --- |
| Location of space:  |
| Entry date:  | Duration of entry:  |

|  |
| --- |
| List entrants’ names |
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| --- | --- |
| List physical hazards in the space | List atmospheric hazards in the space |
|  |  |
|  |  |
|  |  |

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| --- |
| List each action taken to eliminate physical and atmospheric hazards in the space |
| Action | Description |
|  |  |
|  |  |
|  |  |

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| Ventilation |
| Is ventilation required? | **YES** **[ ]**  | **NO** **[ ]**  |
| If “Yes,” type of ventilation: | Amount of ventilation (cfm or AC/hr)  |

|  |
| --- |
| Air monitoring |
| Substance monitored | Unit | Permissible levels | Monitoring results |
|  |  |  |  | Initial Test | Peak reading during entry |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- |
| Instruments used for air monitoring |
| Model # or type: | Calibration (or bump test) date: |
|  |  |
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| Additional notes about the space and entry (including whether evacuation was necessary) |
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| **Person responsible for ensuring the space is safe to enter** |
| Name:  | Job title:  |
| Signature:  |