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

|  |
| --- |
| List entrants’ names |
|  |
|  |
|  |

|  |  |
| --- | --- |
| List physical hazards in the space | List atmospheric hazards in the space |
|  |  |
|  |  |
|  |  |

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

|  |  |  |
| --- | --- | --- |
| 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Instruments used for air monitoring | |
| Model # or type: | Calibration (or bump test) date: |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Additional notes about the space and entry (including whether evacuation was necessary) |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Person responsible for ensuring the space is safe to enter** | |
| Name: | Job title: |
| Signature: | |