



Client/Project:	Date: 04/04/2013
Location:	Shift: to
Work Description:	Project Supervisor: Phone:

ATMOSPHERIC TESTING:

Pre-entry Readings: O2: H2S: LEL: CO: :	TWAEV values: O2 = 19.5% - 23% CO = 25ppm H2S = 10ppm LEL - values: Inspection = <25% Cold work = <10% Hot work = <5%	Time of Test: Tester:	Monitor Brand: Monitor Serial #: <input type="checkbox"/> This gas monitor has been functionally bump tested and calibrated as per the manufacturer's recommendations
--	--	------------------------------	---

(Continuous monitoring will be performed unless stated otherwise - Record readings approximately every hour or as required)

TIME													
O2													
LEL													
CO													
H2S													

HAZARDS

<input type="checkbox"/> Biological Material	<input type="checkbox"/> Blocked Pathways	<input type="checkbox"/> Clutter	<input type="checkbox"/> Synergy	<input type="checkbox"/> Temperature Extremes
<input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Noise	<input type="checkbox"/> People's Positioning
<input type="checkbox"/> Electrical Current	<input type="checkbox"/> Structural Failure	<input type="checkbox"/> Falling	<input type="checkbox"/> Pressure	<input type="checkbox"/> Poisons/Toxins
<input type="checkbox"/> Flammable/Combustible	<input type="checkbox"/> Dust/Fumes/Mists	<input type="checkbox"/> Energy Waves	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Reactive Material
<input type="checkbox"/> Engulfment	<input type="checkbox"/> Light Extremes	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Corrosives	<input type="checkbox"/> Vehicle Traffic
<input type="checkbox"/> Sharps	<input type="checkbox"/> HOT WORK	<input type="checkbox"/> Other:		

HAZARD MANAGEMENT REQUIREMENTS (ensure equipment is in good working order before selecting)

<input type="checkbox"/> Lockout Switches & Valves	<input type="checkbox"/> Communications
<input type="checkbox"/> Blanking of Pipes	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Depressurization of Pipes	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Barricades	<input type="checkbox"/> Retrieval System w/ Rescuer PPE
<input type="checkbox"/> Ventilation	<input type="checkbox"/> First Aid & Packaging Equipment
<input type="checkbox"/> Purging	<input type="checkbox"/> Chocking Moving Parts
<input type="checkbox"/> Lighting	<input type="checkbox"/> Rehab/Decontamination

RESCUE ASSIGNMENTS:

Attendant:	Rescuer(s):	Rescuer(s):
CERTIFICATION:		

Attendant:

Rescuer(s):

Rescuer(s):

Upon signing this document (this includes pages 1, 2 & 3) the COMPETANT PERSON indicates they have reviewed all the details described. The ENTRANTS have been informed of the hazards and controls and understand and will comply to all the rules and regulations in which they are associated.