

Administration
Entry Permit and
Gas Monitoring
Record
SM: 242A

Confined Space Entry Permit and Gas Monitoring Record

Employee:		S	School	l/Buil	ding				
Location of confined space(if more	e thai	n one in	Buile	ding)	:				
Date of Entry:						En	ntry Time:		
Name of employee Notified:									
Safe Work Procedure Reviewed?		Yes			No	I	Exit Time:		
Name of employee Notified:									
Type of Gas Tested (if applicable with hourly Entries)								Time	Reading
									_