

ADDITIONAL GAS TESTING RESULTS

ATTACHMENT TO CONFINED SPACE ENTRY PERMIT

Equipment Name or Description of Confined Space: _____

TEST REQUIRED	YES	NO	PEL/TLV	DATE TIME	RESULT	DATE TIME	RESULT	DATE TIME	RESULT	DATE TIME	RESULT	DATE TIME	RESULT
Oxygen	X		19.5% to 23.5%										
Flammability	X		0% LEL										
H ₂ S	X		10 ppm										
CO	X		25 ppm										
Total HC	X		100 ppm										
Benzene If total HC ≥ 25 ppm	<input type="checkbox"/>	<input type="checkbox"/>	1 ppm										
Other Tests:													
Tested by: (print name)													
Test Instrument Name / Serial Number (must use a calibrated direct reading instrument):													
Description of testing locations within space:													

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Description of testing locations within space:													

THIS FORM SHALL BE KEPT WITH THE CONFINED SPACE ENTRY PERMIT POSTED AT THE SPACE