ATMOSPHERIC TESTING LOG

Confined Space Entry Documentation

■ **IMPORTANT:** Atmospheric testing must be performed BEFORE initial entry and continuously during occupancy. All readings must fall within acceptable limits before entry is permitted. If any reading exceeds limits, evacuate immediately and do not re-enter until conditions are corrected.

PROJECT INFORMATION

Project Name:		**Permit Number:**	
Site Location:		**Date:**	
Space Description:			

MONITORING EQUIPMENT

Equipment Make/Model:		**Serial Number:**	
Last Calibration Date:		**Calibration Due Date:**	
Calibrated By:		**Bump Test Performed:**	[ ] Yes [ ] No

ACCEPTABLE ATMOSPHERIC LIMITS

Parameter	Acceptable Range	Action Level	IDLH
Oxygen (O_2)	19.5% - 23.5%	<19.5% or >23.5%	<16% or >25%
LEL (Combustibles)	<10% LEL	≥10% LEL	≥20% LEL
Carbon Monoxide (CO)	<25 ppm	≥25 ppm	≥1,200 ppm
Hydrogen Sulfide (H_2S)	<10 ppm	≥10 ppm	≥100 ppm

NOTES / OBSERVATIONS

VERIFICATION

Tester Name (Print):		**Signature:**	
Entry Supervisor Name:		**Signature:**	
Date:		**Time:**	

This log is provided by First Underwriters Insurance Brokers as a safety resource for confined space entry programs.
Ensure compliance with OSHA 29 CFR 1926.1211-1926.1213 and all applicable state and local regulations.

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Project Name:		Permit Number:		Date:	

Record all readings. Test at multiple levels (top, middle, bottom) of the confined space.

Date	Time	Location/ Level	O_2 (%)	LEL (%)	CO (ppm)	H_2S (ppm)	Other (specify)	Tester Initials	Pass/ Fail

SHIFT VERIFICATION

Shift:	[ ] Day [ ] Swing [ ] Night	**Tester Signature:**	
Shift Start Time:		**Shift End Time:**	

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ATMOSPHERIC TESTING LOG — CONTINUATION SHEET

Project Name:		Permit Number:		Date:	

Date	Time	Location/ Level	O_2 (%)	LEL (%)	CO (ppm)	H_2S (ppm)	Other (specify)	Tester Initials	Pass/ Fail

NOTES / CORRECTIVE ACTIONS TAKEN

SHIFT VERIFICATION

Shift:	[ ] Day [ ] Swing [ ] Night	**Tester Signature:**	
Shift Start Time:		**Shift End Time:**	

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