NON-Permit Confined Space Entry Permit

General Information			
Project/Project#:		Date:	
Project Address:			
Entry Employer:	TA Woods, LLC	Entry Start Time*:	
Location on Site:		Entry End Time*:	
Purpose of Entry:			
Description of Activity:			
Communication			

Type of Entry:	☐	Permit Required	☐	Alternate Methods Permit**	☐	Non-Permit**

** Permit is valid for one shift only. The type of permit, regardless of type is valid for only ONE shift, **Document Methods for Reclassification on 2nd page*

EmergencyContacts		
Employer Contact	Name: TA Woods, LLC	Contact: 910-452-7900
Management/SSHO	Name: Eric Parker/Scott Brown	Contact: 910-408-8496 & 910-899-8743
Entry Competent Person	Name:	Contact:
Fire Department	Name:	Contact: 911
Rescue/Emergency	Name:	Contact: 911
Nearest Medical Facility:	Address:	

EntryandExitLog

Authorized Entrant (Print Name)	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out

AirMonitoringLog

GasMonitor (Model#):	Calibration Date:

Date	Time	Reading and Location														Tester Name
		Top					Middle					Bottom				
		O2	LEL	CO	H2S		O2	LEL	CO	H2		O2	LEL	CO	H2S	

Chemical Action Levels (For Additional Chemicals Refer to Federal/State Regulations)

Oxygen (02)	<19.5% or >23.5%	**Carbon Monoxide (CO)**	50 ppm (Fed) 25ppm (CA)
Lower Explosive Limit (LEL)	Any % over 10	**Hydrogen Sulfide (H2S)**	10 ppm