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<b>Confined Space Entry Permit          (Valid for duration of shift only!)          EMERGENCY #</b>	<b>Date:</b> _____ <b>Time:</b> _____ <b>Entrant's:</b> _____ _____
<b>Site Location:</b> _____	<b>Confined Space:</b> _____
<b>Entry Supervisor:</b> _____ <b>Initial Air Test Readings:</b> _____ %Oxygen; _____ %LEL <b>TOXICS</b> _____ ppm CO _____ ppm H2S	<b>Confined Space Entry Review/          Training Conducted &amp; Understood</b> _____ _____ (All Entrants sign) <b>Entry Attendant:</b> _____
<b>Potential Hazards: (X all that apply)</b> <b>Hazards:</b> ___ Atmospheric ___ oxygen ___ flammable ___ toxic ___ engulfment ___ mechanical ___ electrical ___ other (list) _____	<b>Pre-entry checklist: (X all that apply)</b> ___ Confined space: Non-permit required. ___ Confined space: Permit Required ___ Confined space 5' or more deep ___ Retrieval system (required- confined Space 5' or more deep) ___ Safe means of egress ___ Ladder ___ Positive Ventilation ___ Blower ___ Sewer-Constant Air Monitoring! ___ Non Sewer- Periodic testing required.
<b>Entry Air Test Readings:</b> ___ % Oxygen (safe 19.5% - 23.5%) ___ % LEL (safe 0%-10%) ___ ppm CO (safe 0-35 ppm) ___ ppm H2S (safe 0-10 ppm) <b>Entry Authorized:</b> ___ am/pm <b>Date</b> _____ <b>Time/Duration</b> _____ Hrs. <b>Supervisor</b> <b>Signature:</b> _____	<b>Periodic Readings:</b> <b>Time: % Oxygen %LEL CO/H2S PPM</b> + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____ + _____  <b>Entry Terminated:</b> _____ <b>Time</b> _____ <b>Signature:</b> _____