Pre-Entry Safety Meeting Log

Meeting Date:		Entry Permit Number:			
Confined Space Description and Location:					
Purpose of Entry:					
Written Entry Plan:					
Rescue Plan:					
Methods of Ventilation: e.g.	blowers, fans, etc.				
Type of Lighting: e.g. low vo	oltage				
Methods of Accounting for E	Entrants Log She	et, etc.			
Entry Permit Reviewed:	List Other Permit	ts Reviewed:			
Signs Posted at Entrance:					
Method of Entry and Exit:					
Methods of Barricading Entrances					
when Confined Spaces are Vacant:					
Safe Work Procedures	i				
Hazards Reviewed: C	Consequences of Exp	oosure Reviewed:			

Name (Print)	Signature	Company	Role*

*ENTRANT ATTENDANT

The Personnel registered above have attended the Pre-Entry Safety Meeting for the Permit Required Confined Space Entry indicated above and are authorized to perform their roles, as indicated, for the shift designated above.

Entry Supervisor