

Declassification Permit
(Potentially Hazardous Atmosphere)

Date and Time Issued: _____ Date and Time Expires: _____

Job site/Space I.D.: _____ Job _____

Supervisor: _____

Equipment to be worked on: _____

Work to be performed: _____

1. Atmospheric Checks: Time _____
Oxygen _____ %
Explosive _____ % L.F.L.
Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry): N/A Yes No
Equipment Locked Out () () ()
Pumps or lines blinded,
disconnected, or blocked () () ()

4. Lockout Verified N/A Yes No
Verification performed by () () ()
attempting to energize
equipment.

Tester Signature: _____

5. Ventilation Modification: N/A Yes No
Mechanical () () ()
Natural Ventilation only () () ()

6. Atmospheric check after
Isolation and Ventilation:
Oxygen _____ % > 19.5 < 23.5
Explosive _____ % L.F.L. < 10 %
Toxic _____ PPM < 10 PPM H(2)S
Time _____
Testers signature: _____

7. Communication procedures: _____

8. Rescue procedures: _____

9. Equipment: _____ N/A Yes No

