Confined Space Atmospheric Condition Card

Confined Space Register Number:	**Safety Document No:**
Confined Space Location:	**Date:**
Person Performing Testing:(**MUST** hold either ,US -25510 or US -3058)	

Atmospheric Testing and recording Frequency		
Continuous monitoring of the space needs to be in place prior to any confined space work being undertaken, recording intervals are based upon the risk level determined on the confined space entry certificate		
Low risk - Record every hour	**Medium risk - Record every 30 minutes**	**High risk - Record every 15 minutes**

Shift Initial Gas Test Result							
Date	**Time**	**% O_2**	**%LEL**	**Carbon Monoxide CO**	**Hydrogen Sulphide H_2S**	**Other**	**Initials**
Work Period recording results (to be recorded from the end of each break prior to re-entry)							
Date	**Time**	**% O_2**	**%LEL**	**Carbon Monoxide CO**	**Hydrogen Sulphide H_2S**	**Other**	**Initials**

Gas Detector Details	
Gas Detector serial number	
Calibration Date (next due)	
Person performing testing (Initials)	

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