

AUTHORIZATION TO ENTER A PERMIT-REQUIRED CONFINED SPACE

The person whose name and signature appear below is given permission to enter what the (Insert City Name) has determined according to nationally recognized standards to be a PERMIT-REQUIRED CONFINED SPACE. The undersigned acknowledges that this permission is being given because the undersigned has informed the (Insert City Name) that the undersigned has a permit space program in place and will be followed when those under the care, custody and control of the undersigned enter the confined space.

This permission is only given for the confined space indicated below during the dates and times indicated.

Attached to this authorization are copies of the results of any gas monitoring conducted in and around the confined space and all completed (Insert City Name) Permits to Enter Confined Space forms.

The undersigned agrees to hold harmless and indemnify the (Insert City Name), its officers, employees and volunteers for all liability arising out of entry into the indicated confined space, except that arising out of the sole negligence of the (Insert City Name).

Signature: _____ **Date:** _____

Name (please print): _____

Space to be Entered: _____

Work to be Conducted: _____

Day(s) and Time(s) Entry to Take Place: _____

