

Permit to Work "GAS TEST CERTIFICATE" Serial Number

SECTION 1	Permit Type Used: Hot		Entry		Permit Number			Date			
	AREA TO BE TESTED / TEST FREQUENCY / GASES TO BE TESTED										
	Gas Test before Work Start				Yes	No	Gas Test Required Each Work Period			Yes	No
	Continuous Gas Monitoring Required				Yes	No	Gas Test Every		Hours		
	S (Tick as required)										
	Oxygen (O ₂)		H ₂ S	Hydrocarbons			Toxic (specify)				
	Others (specify)										
	Permit Issuer :			Signature			Date		Time		
	WORKSITE CERTIFICATION (by Authorized Gas Tester, A.G.T)										
	SECTION 2	If required by Section 1, the Area was personally tested by me and contains fresh air and has O ₂ content between 19.5-21% by volume. The results are recorded in Section 3.									
If required by Section 1, the Area was personally tested by me and was below the Maximum Permitted Concentration (MPC) of toxic and flammable gases. The results are recorded in Section 3											
Continuous gas monitoring equipment operating :								Yes	No		
Authorized Gas Tester:			Signature:			Date:		Time:			
SECTION 3	RESULTS (to be entered in % LEL or by volume)										
	Area/Site	O ₂	Hydrocarbons	Toxic	H ₂ S	Others	Name	Sign	Date	Time	

Distribution: Original to the worksite Copy to the Permit Board