JAMES MADISON UNIVERSITY
FACILITIES MANAGEMENT

CONFINED SPACE ENTRANT ROSTER

MUST BE ATTACHED TO THE CONFINED SPACE ENTRY PERMIT

PERMIT NUMBER _____ SPACE/AREA _____

DATE _____ ENTRY SUPERVISOR _____

ENTRANT NAME (PRINTED)	Associate ID Number	REASON FOR ENTRY	ENTRY TIME	EXIT TIME

Record "BREAK" times, "LUNCH" times, other times when entrants exit, and times when entrants and attendants change places.