

ATMOSPHERIC TEST RECORD

Assessor's Name:			
Date of Assessment:			
Details:			
Pre-start Actions			
Action	Yes	No	



SAMPLE

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1.	Check that a valid & current calibration certificate is available for all instruments used for the test.	Yes	No
2.	Check that the test area is adequately ventilated and that the test area is free from any obstructions.	Yes	No
3.	Check that the gas leaks in the work area are properly identified and that the test area is free from any obstructions.	Yes	No
4.	Measure and record gas content.	Yes	No
5.	Be aware of all the site areas that are to be tested.	Yes	No
6.	Repeat tests at minimum of one hour intervals.	Yes	No

Time of Day	Hydrogen Sulphide (ppm)	Carbon Monoxide (ppm)	Oxygen (%)	Comments
	0	0	20.9	
	0	0	20.9	
	0	0	20.9	
	0	0	20.9	

Post-Operation Actions	Yes	No
Present the completed atmospheric test sheet to a manager or supervisor.	Yes	No
Obtain the manager, supervisor and relevant personnel signatures of any tests that were detected.	Yes	No
Switch off and return the detection instruments, informing the appropriate personnel of any problems with the equipment.	Yes	No

Name	Signature	Date
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