CONFINED SPACE ENTRY (CSE) PERMIT

Date / Time Issued / / AM/PM Date / Time Expires (Not to Exceed Shift) / / AM/PM

ALL INFORMATION MUST BE COMPLETED PRIOR TO ENTRY

Equipment / Space: _______________________________________________________
Area / Location: _______________________________________________________
Purpose of Entry: _______________________________________________________
Materials Previously in Space: _____________________________________________
Hazard(s) Being Introduced By Nature of Work: ____________________________

Competent Person Attendant(s) (Use Entry Log)
Entrant(s) (Use Entry Log)
Contractors (Use Entry Log)

Hot Work Required? Yes ☐ No ☐
Lockout/Tagout Required? Yes ☐ No ☐

This Permit Expires when: Operations covered by this Permit are complete and all Entrants have exited the space, the Entrant’s or the Attendant’s shift ends, a prohibitive condition / injury occurs in or near the space, or an incident occurs which could impact entrants or rescue capabilities.

REQUIRED PRECAUTIONS & ENTRY CONDITIONS

1. Space drained and decontaminated
2. Chemicals, utility, and outlet lines isolated
3. Confined space purged with: air
   inert
4. All aspects of lock, tag, and try are met
5. All electrical equipment GFCI protected
6. Vessel jackets properly isolated
7. Atmospheric testing conducted and within limits
8. Continuous monitoring established
9. Openings identified & unobstructed
10. Has fall protection been provided
11. Harness & lifeline worn
12. Adequate lighting provided
13. Emergency/rescue equipment available
14. Adequate ventilation provided
15. Retrieval device installed (5’ vertical)
16. Sharp edges & moving parts guarded
17. Respiratory protection identified
18. Mechanical ventilation required
19. Rescue plan developed & noted below
20. Personnel trained
21. Attendant(s) assigned and present
22. Communication method between Entrants & Attendants established
23. CSE sign posted at opening(s) notified
24. NDSP Dispatch (1-5555) notified

HAZARDS IDENTIFIED, CORRECTED OR MITIGATED

<table>
<thead>
<tr>
<th>Yes/N/A</th>
<th>Chemical Suite</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Chemical Boots</td>
<td></td>
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<td></td>
<td>Gloves</td>
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<td></td>
<td>Face shield</td>
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</table>

PERSONAL PROTECTIVE EQUIPMENT

- Chemical Suit
- Chemical Boots

LIST ADDITIONAL PRECAUTIONS

LIST NON-ENTRY RESCUE EQUIPMENT USED AT SPACE

EMERGENCY COMMUNICATION METHODS

Alarm Device(s) ☐ Radio ☐ Phone – 631-5555

Other _______________________________

ATMOSPHERIC TESTING RESULTS

Use back for additional space

<table>
<thead>
<tr>
<th>Condition</th>
<th>Limit</th>
<th>Result</th>
<th>Time</th>
<th>Vertical Depth (ft)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>19.5% - 22%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Flammable</td>
<td>0% LEL</td>
<td></td>
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<tr>
<td>CO</td>
<td>≤13 ppm</td>
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<tr>
<td>H2S</td>
<td>≤0.5 ppm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOC (If Needed)</td>
<td>≤100 ppm</td>
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Other: _______________________________

I have personally inspected the work site & approved this Permit – Competent Person Authorization:

Print Name ______________________________ Signature ______________________________ Date / Time ______________ / ______

I have personally verified all Entrants have exited the space, conducted debriefing w/ Entrants/Attendants, certified the space ready to return to service, notified NDSP Dispatch and cancel this Permit. Signature ______________________________ Date / Time ______________ / ______

Debriefing Findings NO ☐ YES ☐ If Yes, document findings on back of this Permit.

Description of the Non-Entry Rescue Plan

______________________________
Confined Space Entry Log

Emergency Contact: 574-631-5555 or 1-911 (Landline)
Attendant: Log Entrants “Time In” and “Time Out” of the space in the table below

<table>
<thead>
<tr>
<th>Entrant’s Name</th>
<th>Attendant’s Initials</th>
<th>Time In</th>
<th>Time Out</th>
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Attendant’s Duties Include:
- Control access to confined space
- Sign Entrants in and out of space
- Communicate continuously with Entrants
- Continuously evaluate Entrants’ physical condition
- Monitor space for any changes which could create a hazardous condition
- Monitor atmosphere as described in Permit
- Implement Rescue Plan if needed – Attendant shall not enter the confined space to rescue Entrants
- Able to operate retrieval device
- Ensure equipment & area is maintained in a safe and orderly condition

Remove Entrants if any of the following are observed:
- Dizziness
- Nausea
- Lightheaded
- Headache
- Complaints of poor physical ability
- Staggering
- Unresponsive to communication efforts

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<tr>
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Debriefing Findings: