



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: _____																																								
Hazards Being Introduced By Nature of Work: _____																																								
Competent Person _____		Attendant(s) _____																																						
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		HAZARDS IDENTIFIED, CORRECTED or MITIGATED		PERSONAL PROTECTIVE EQUIPMENT																																				
1. Space drained and decontaminated YES/NA ☐ ☐ 2. All chemical, utility, and outlet lines isolated ☐ ☐ 3. Confined space purged with: water/steam ☐ ☐ air ☐ ☐ inert ☐ ☐ 4. All aspects of lock, tag, and try are met ☐ ☐ 5. All electrical equipment GFCI protected ☐ ☐ 6. Vessel jackets properly isolated ☐ ☐ 7. Gas Monitor within current Calibration & Bump Check completed ☐ ☐ 8. Atmospheric testing conducted and within limits (O₂, LEL, Toxic) ☐ ☐ 9. Continuous monitoring established ☐ ☐ 10. Openings identified & unobstructed ☐ ☐ 11. Has fall protection been provided ☐ ☐ 12. Harness & lifeline worn & attached outside space ☐ ☐ 13. Emergency/rescue equipment available ☐ ☐ 14. Adequate lighting provided ☐ ☐ 15. Retrieval device installed (S' 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) ☐ ☐ 24. NDSP Dispatch (1-5555) notified ☐ ☐		YES N/A Toxic atmosphere ☐ ☐ Corrosive materials ☐ ☐ Inadequate light ☐ ☐ Dust or fume ☐ ☐ Oxygen deficiency ☐ ☐ Oxygen enrichment ☐ ☐ Heat/cold/weather ☐ ☐ Falling objects ☐ ☐ Chemical reactivity ☐ ☐ Sludge/residue ☐ ☐ Poor visibility ☐ ☐ Chemical contact ☐ ☐ Hot/cold contact ☐ ☐ Sharp objects ☐ ☐ Migrating vapors/gases ☐ ☐ Others: _____		☐ Chemical Suit - _____ ☐ Chemical Boots _____ ☐ Gloves - _____ ☐ Goggles ☐ Face shield _____ ☐ Respirator _____ ☐ Other: _____ LIST ADDITIONAL PRECAUTIONS _____ _____ LIST NON-ENTRY RESCUE EQUIPMENT USED AT SPACE _____ _____ EMERGENCY COMMUNICATION METHODS Alarm Device(s) ☐ Radio ☐ Phone - 631-5555 ☐ Other _____																																				
Description of the Non-Entry Rescue Plan		ATMOSPHERIC TESTING RESULTS Use back for additional space																																						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <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> </tr> <tr> <td>Flammable</td> <td>0% LEL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CO</td> <td>≤13 ppm</td> <td></td> <td></td> <td></td> </tr> <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> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Condition	Limit	Result	Time	Vertical Depth (ft)	Oxygen	19.5% - 22%				Flammable	0% LEL				CO	≤13 ppm				H ₂ S	≤0.5 ppm				VOC (If Needed)	≤100 ppm				Other:				
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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.																																								

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

Entrant's Name	Attendant's Initials	Time In	Time Out	Time In	Time Out	Time In	Time Out

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

ATMOSPHERIC TESTING RESULTS							
Condition	Limit(s)	Result	Time	Vertical Depth (ft)	Result	Time	Vertical Depth (ft)
Oxygen	19.5 - 22%						
Flammable	0% LEL						
CO	<13 ppm						
H ₂ S	<0.5 ppm						
VOC	<100 ppm						
Other							

Debriefing Findings: