

Appendix A

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

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: