

CSE PERMIT

Facility Name:		Date:		
Description/Location of the Space:				
Proposed Task(s):				
Competent Person's Name and Signature (verifying that CSE Permit complies with CSE Plan):				
Permit Valid From:	Permit Valid To:			

□ Entrant(s), Rescue Crew and Attendant(s) have adequate training and are familiar with the confined space program and plan.

□ Lock out procedure has been referred to and all sources of hazardous energy have been identified.

Hazards: (Check Assessment)	Isolation/Controls		

Equipment Needed for Entry and Rescue: (Check Plan)	Equipment Present, Inspected and in Good Working Order		
	() Yes () No Comments:		
	() Yes () No Comments:		
	() Yes () No Comments:		
	() Yes () No Comments:		

Briefly Describe the Rescue Plan			

Confined Space Entry air quality instrument calibrated. (Date of calibration: mm/dd/yyyy ____/___)

Model and serial number of air quality instrument.

Entrant Log				
Entrant's Name	Time In	Time Out		



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Confined	Space Atmos	enhoric Roadi	nae			
Commed	O_2 (%)	H ₂ S (ppm)	CO (ppm)	LEL (%)	Other	
	Acceptable	n ₂ S (ppiii)	CO (ppiii)	Inspection and	Other	
Time	Levels	<10ppm	<25ppm	Inspection and Cold Work OK <10%		Location/Depth/Comments
	(19.5–23.0%)	TWAEV	TWAEV	Hot Work OK <5%		
Resc	ue team/perso	on has current	t CPR/ first-ai	d training. (Name: _)
						······································
Dormit Si	anatures: (Co	nfirming that	this CSE Dor	mit complies with t	ha ralavar	at CSE Plan)
Fernit Si	ghatures. (CO	mining that	this COE Fer	int comples with t	ne releval	
Com	petent Persor	n's Name		Signature		Date
	•					
Δtta	ndant's Name			Signature		Date
				Signature		Buic

Entrant's Name

Signature

Signature

Date