



Confined Space Entry Permit

Document NBC-CSE-002				
Effective 14-June-2006				
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Date _____ Confined Space Entry Supervisor: _____

Date and Time Issued: _____ Date and Time Expires: _____

Description of Confined Space:

Description of Work to be performed:

Potential or Actual Hazards (check all that apply)

Thermal
 Flammable
 Corrosives
 Toxic
 Mechanical
 Electrical
 Engulfment
 Other _____

Energy Source Isolation (Lock out/Tag out)
(check all that apply)

Electrical Sources
 Mechanical Sources
 Gravity
 Piping: Disconnected Blanked
 Block and Bleed
 Valves: Lock Out / Tag Out
 List all valves: _____
 Was entry into the confined space required to eliminate any of the hazards? yes no

Confined Space Atmosphere (*prior to ventilation and entry*) Time _____

	Bottom	Middle	Top	LIMITS
Oxygen	_____	_____	_____	19.5% < O ₂ < 23.5%
LEL	_____	_____	_____	%LEL < 10%
CO	_____	_____	_____	< 25 ppm
H ₂ S	_____	_____	_____	< 10 ppm

NOTE: If any of the above are outside of acceptable limits, mechanical ventilation must be used

Tester's signature _____

Is a hazardous atmosphere present? Yes No

Ventilation Modification Mechanical Natural

Atmospheric Check after Ventilation (if applicable)
 Time _____

Oxygen _____% >19.5% <23.5%

CH₄ _____% LEL <10%

CO _____ ppm <25ppm

H₂S _____ ppm <10ppm

NOTE: If the Hazardous atmosphere cannot be eliminated using Ventilation, NBC employees WILL NOT enter the confined space.

Testers Signature _____

Are Entrants and Attendants qualified (trained) to enter the confined space? Yes No

Is the training current? Yes No

Equipment:	Yes	No	N/A
Gas monitor (calibrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness/lifelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBA (respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

Periodic Atmospheric Tests (every 30 minutes)

Time	Oxygen %	CH4 %LEL	CO ppm	H2S ppm

Authorized Entrant Checklist (check all that apply)

- Aware of Hazards
- Can recognize the signs of hazard exposure
- Is not claustrophobic
- Will self evacuate if danger is present
- Will communicate regularly with attendant
- Will evacuate on order from attendant
- Has key to all lockouts
- Has name and date on all tagouts
- Is aware of all precautions on front of this permit

Entrant Signature _____

Attendant Checklist (check all that apply)

- Is aware of entrants checklist answers
- Will remain in contact with entrant at all times
- Will warn away all unauthorized entrants
- Will monitor atmosphere during work
- Will order evacuation of space if hazardous conditions are detected or suspected during work
- Will summon help immediately if needed
- Will initiate non-entry rescue if required
- Will not enter permit space during rescue attempts

Attendant Signature _____

Procedures and Policies for entry into a confined space are outlined in NBC2's Confined Space Entry Program (NBC-CSE-000). Use of the confined space entry permit and authorized entry into a confined space can only be performed by individuals authorized (trained) in CSE. Training requirements are outlined in the CSE Program Document. All entrants and attendants identified on this permit must be aware of this program and have completed this training.

I have read, and will comply, with the policies and procedures outlined in the NBC2 Confined Space Entry Program. I have completed training in CSE and can perform the duties assigned to me to perform the work described on this permit.

(SIGN)

Entrant #1 _____ Attendant #1 _____
 Entrant #2 _____ Attendant #2 _____
 Entrant #3 _____
 Entrant #4 _____

Permit Closed By (Print) _____ (Sign) _____ Date _____

Reason Permit Was closed

- Job Complete
- Unsafe Conditions
- Unauthorized Entry
- Permit Expired

At completion of work, return this form to the person authorizing entry and confirm the restoration of the space and notification of the affected area

Authorizing Supervisor Signature (NBC2 Supervisor) _____ Date _____