**Confined Space Entry Permit**

<table>
<thead>
<tr>
<th>Date __________</th>
<th>Confined Space Entry Supervisor: __________________________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date and Time Issued: _________________</th>
<th>Date and Time Expires: _________________</th>
</tr>
</thead>
</table>

**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):**

<table>
<thead>
<tr>
<th>Bottom</th>
<th>Middle</th>
<th>Top</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>______</td>
<td>______</td>
<td>19.5% &lt; O₂ &lt; 23.5%</td>
</tr>
<tr>
<td>LEL</td>
<td>______</td>
<td>______</td>
<td>% LEL &lt; 10%</td>
</tr>
<tr>
<td>CO</td>
<td>______</td>
<td>______</td>
<td>&lt; 25 ppm</td>
</tr>
<tr>
<td>H₂S</td>
<td>______</td>
<td>______</td>
<td>&lt; 10 ppm</td>
</tr>
</tbody>
</table>

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):**

<table>
<thead>
<tr>
<th>Time _________________</th>
<th>Oxygen ______ %</th>
<th>&gt;19.5% &lt;23.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH₄ ______ % LEL</td>
<td>&lt;10%</td>
<td></td>
</tr>
<tr>
<td>CO ______ ppm</td>
<td>&lt;25ppm</td>
<td></td>
</tr>
<tr>
<td>H₂S ______ ppm</td>
<td>&lt;10ppm</td>
<td></td>
</tr>
</tbody>
</table>

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

Tester’s Signature ____________________________

**Are Entrants and Attendants qualified (trained) to enter the confined space?**

- Yes
- No

**Is the training current?**

- Yes
- No

**Equipment:**

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas monitor (calibrated)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harness/lifelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoisting equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powered communications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCBA (respirator)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>__________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The date on the permit is June 14, 2006, and the permit is effective from June 14, 2006, to _______.
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
Entrant #2
Entrant #3
Entrant #4

Attendant #1
Attendant #2
Attendant #3
Attendant #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 __________