

## ESCO Group Confined Space Entry (CSE) Permit

Date and Time Issued \_\_\_\_\_ Date and Time of Expiration \_\_\_\_\_

Date and Time Started \_\_\_\_\_ Date and Time Completed \_\_\_\_\_

Job Description (Reason for Entry): \_\_\_\_\_

Description of Space: \_\_\_\_\_

Location of Space: \_\_\_\_\_

CSE Authorizer (Supervisor): \_\_\_\_\_ CSE \*Attendant: \_\_\_\_\_

CSE \*Entrants: \_\_\_\_\_

Client Approval (Print): \_\_\_\_\_ Sign: \_\_\_\_\_

Notify ESCO Group Safety Representative: \_\_\_\_\_ Time Notified: \_\_\_\_\_

Safety Checklist	Initials	N/A		Initials	N/A
Area Traffic Controlled			Spaced Cleaned		
Electrical Locked Out			Space Purged		
Inlet Valves Closed & Locked Out			Rescue Equipment In Place		
All Manholes Opened			SDS Reviewed		
Job Briefing Completed					

Ventilation Methods (circle one):      **Natural**      **Mechanical**      **Combination**

Model and Tool Number of Air Monitor \_\_\_\_\_ Date Calibrated: \_\_\_\_\_

Methods of Communication (circle one):      **Verbal**      **Radio**      **Combination**

Personal Protective Equipment Required Beyond (hardhat, glasses and safety shoes)

☐ Fall Protection    ☐ Hearing Protection    ☐ Face Protection (Goggles/Spoggles/Face Shield)

☐ Gloves (type) \_\_\_\_\_ ☐ Respirator (type) \_\_\_\_\_

☐ FR Clothing (list) \_\_\_\_\_

Rescue Plan (Mechanical Retrieval)    ☐ YES    ☐ NO

Rescue Equipment in Use:

☐ Full Body Harness    ☐ Tri-Pod/Hoist Frame    ☐ Rescue Winch

☐ Lead Rope    ☐ Bosun or Boatswain Chair

Rescue Plan (Rescue Team) ☐ YES ☐ NO

Rescue Team Requirements:

☐ Proper Training ☐ Emergency Contact Number \_\_\_\_\_

☐ Contacted Prior to Entry ☐ Familiar with Entry Space

Permissible Air Monitor Readings

Oxygen  
19.5% - 23.5%

LEL  
10%

CO  
\*\*35 ppm

H2S  
10 ppm

Initial Air Monitor Readings

Oxygen

LEL

CO

H2S

Reading After Starting Ventilation

Tested By

Time

Oxygen

LEL

CO

H2S

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____

Project Complete:

Notify ESCO Group Safety Representative: \_\_\_\_\_ Time Notified: \_\_\_\_\_

Supervisor Print \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

\*Attendant and entrant are required to complete annual confined space entry training and must be current to participate in confined space entry project.

\*\*35 ppm for Carbon Monoxide is the PEL when entering a space that potential containers wastewater. All other spaces are permitted 50 ppm for Carbon Monoxide.