

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

<u>Oxygen</u>	<u>LEL</u>	<u>CO</u>	<u>H2S</u>
19.5% - 23.5%	10%	**35 ppm	10 ppm

Initial Air Monitor Readings

Oxygen	LEL	CO	H2S
_____	_____	_____	_____

Reading After Starting Ventilation

_____	_____	_____	_____
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Tested By

Time

Oxygen

LEL

CO

H2S

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

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.

ESCO GROUP CONFINED SPACE

Alternate Procedures and Space Reclassification Periodic Atmospheric Monitoring Documentation Sheet

Date: _____
Time: _____
Location: _____

Special hazards to control:

Were any hazards noted?

Gas Concentrations:

Hydrogen Sulfide	_____	PPM
Oxygen	_____	%
Lower Explosion Limit	_____	%
Carbon Dioxide	_____	%

Date confined space meter calibrated: _____
Person testing confined space: _____