

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

