



# CONFINED SPACE ENTRY PERMIT

NCS Form 021

Authorized Duration of Permit: Date: \_\_\_\_\_  
Time: \_\_\_\_\_ to \_\_\_\_\_

Customer Name and Location \_\_\_\_\_

Description and Location of Confined Space \_\_\_\_\_

Product(s) Last Used or Stored in Confined Space \_\_\_\_\_

SDS Reviewed: Yes / No Purpose for Entry \_\_\_\_\_

### II. Hazard Identification (Actual or Introduced)

Permit Space Hazards (Indicate specific hazards with initials: If hazard(s) are identified, mitigation must be identified and documented.)

- Oxygen Deficiency (<19.5%)     Oxygen Enriched (>23.5%)     Flammable Gas (>10% of the LEL/LFL)     Toxic Gases or Vapors (>PEL)
- Combustible Dust (> LFL)     IDLH Atmosphere     Egress less than 18"     Fall Hazards
- Electrical Hazards     Mechanical Hazards     Materials Harmful to Skin     Spark Producing Tools
- Engulfment Hazard     Welding Exposures     Pneumatic Tools     Temperatures <25°F or >90°F
- Other (list) \_\_\_\_\_

### III. Space Preparation

|                                   | Yes / No / N/A | Comments |                       | Yes / No / N/A | Comments |
|-----------------------------------|----------------|----------|-----------------------|----------------|----------|
| Intrinsically Safe Lighting/GFCI: |                |          | Fire Extinguisher:    |                |          |
| Lockout Verified:                 |                |          | Ventilation:          |                |          |
| Tri-Pod/Rescue Equip:             |                |          | Life Line Required:   |                |          |
| Ladders:                          |                |          | Personal Air Monitor: |                |          |
| Entrant Communications:           |                |          | Other Items:          |                |          |

### IV. Rescue Equipment

- Lifeline                       Harness                       Mechanical Hoist
- Other: \_\_\_\_\_                       Other: \_\_\_\_\_                       Other: \_\_\_\_\_

### V. Initial Monitoring

|                       |  |                            |                   |        |                  |
|-----------------------|--|----------------------------|-------------------|--------|------------------|
| O2: 19.5% >           |  | <23.5%                     | LEL:              |        | <10%             |
| H2S:                  |  | <10 ppm                    | CO:               |        | <25ppm           |
| Other Specific Tests: |  | Toxics                     | Combustible Dust: | Y    N | >5 ft Visibility |
| Meter Number:         |  | Initial Testers Signature: |                   |        |                  |

### VI. Personal Safety / PPE Requirements

All Entrants must wear a harness when entering and working in a Confined Space.  
Please check the additional PPE required from the list below:

- Gloves (Type: \_\_\_\_\_)     Hard Hat     Safety Glasses     Chemical Suit (Type: \_\_\_\_\_)
- Chemical Boots     Face Shield     Hearing Protection     Supplied Air
- Respirator (Filter Type: \_\_\_\_\_)     Other: List \_\_\_\_\_

### VII. Required Signatures

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| Nitro Servicing Rep:    |  | Site/Client Rep:  |  |
| Safety Rep (if needed): |  | Others as needed: |  |

### VIII. Attendant Checklist

|   |        |   |        |
|---|--------|---|--------|
| Has the client/site been informed to notify vessel attendance of any changes that affect a vessel entry?  | Y    N | Is the following equipment at the Confined Space – radio, continuous monitor? Is the equipment in working order?          | Y    N |
| Has attendant established an exit plan with entrants?   | Y    N | Are electrical tools, lights, etc. GFCI protected?  | Y    N |
| Has vessel been properly locked out? Verify slip blinds, locks and tags.                                  | Y    N | If Hot Work is performed in the Confined Space, has a SWP been executed?  | Y    N |
| Have all electrical & air driven equipment been physically disconnected and restrained from free rolling? | Y    N | Are all employees trained to use the required equipment, such as retrieval hoist, continuous monitor, radio, respirators? | Y    N |
| Do the entrants need personal air monitoring?   | Y    N | Does attendant know signs and symptoms of chemicals entrants may be exposed to?   | Y    N |
| If a top entry of more than 5 feet is performed, is a retrieval hoist set up and ready to use?            | Y    N | Has the nearest safety shower and eye bath been tested to verify that it is operational?                                  | Y    N |
| For a side entry, is a retrieval method and line available?   | Y    N | Are scaffolds and ladders adequate to provide for safe rescue, entry and egress?  | Y    N |
| Will there be introduced hazards such as coatings and cleaners to be used inside the vessel?              | Y    N | Is there any adjacent work that will effect the space?  | Y    N |

### IX. Attendant Roster (I verified that permit conditions are being met and my training is current)

| Name | Date | Time On | Time Off |
|------|------|---------|----------|
|      |      |         |          |

