CHEROKEE
SPECIALIZED SERVICES

W 2000

| A copy of this permit is to be posted at the worksite until work is complete. Upon completion, permit will be maintained at the Odessa office. | **CONFINED SPACE ENTRY PERMIT** Revision: August, 2017 | |
|---|---|---|
| Date: | Division: | |
| Time Started: | Time Ended(12hr MAX) | Site Locaion: |
| Purpose of Entry: | | |
| Entry Supervisor (Name & Company) | | Phone # |
| Entrants: | | Company: |
| Attendants: | | Company: |
| List of potential Hazards: | | |

**SAFETY REQUIREMENTS**

| REQUIREMENT COMPLETED: | YES | NO | N/A | REQUIRMENT COMPLETED: | YES | NO | N/A |
|---|---|---|---|---|---|---|---|
| Lock Out/Tag Out | ○ | ○ | ○ | Full body harness w/"D" Ring | ○ | ○ | ○ |
| Line (s) Broken-Capped-Blanked | ○ | ○ | ○ | Purge-Isolation-Flush | ○ | ○ | ○ |
| Secure Area (Warning Signs Posted & Area Flagged) | ○ | ○ | ○ | Ventilation | ○ | ○ | ○ |
| Breathing Apparatus (SCBA,work units, Respirator (s) Air Purifier (s) | ○ | ○ | ○ | Means of communication | ○ | ○ | ○ |
| Required PPE (Hard Hat, Safety Glasses, Safety Boots, FRC, Other) | ○ | ○ | ○ | Fire Extinguishers | ○ | ○ | ○ |
| Emergency Plan in place with rescue services evaluated | ○ | ○ | ○ | Lighting (Explosion Proof) | ○ | ○ | ○ |
| Emergency Escape Retrieval Equipment, Lifelines | ○ | ○ | ○ | Protective Clothing | ○ | ○ | ○ |
| Written Entry Procedures (Attach CSE Permit) | ○ | ○ | ○ | Hot Work Permit (Attach to CSE Permit) | ○ | ○ | ○ |

Note: List any additional requirements

| **MONITORING** | TIME → | |
|---|---|---|
| Monitoring Test (s) to be taken | Acceptable Entry Conditions | READINGS ↓ |
| Percentage of Oxygen | ≥ 19.5% to ≤ 23.5% | |
| Lower Flammable Limit | 0 | |
| Hydrogen Sulfide ($H_2S$) | 10ppm for 8hrs Or 15 ppm for 15 minutes | |
| Carbon Monoxide (CO) | 25ppm for 8 hrs | |

| Print Testers Name & Company Name | Name Of Instrument (s) | Calibration Date | Serial # | Model/Type |
|---|---|---|---|---|
| | | | | |

**CONTACT INFORMATION**

| List Emergency Services & Phone Numbers: | | |
|---|---|---|
| Entry Supervisor: | Phone # | Signature |
| Supervisor/PIC Authorizing the Entry and Completions | Phone # | Signature |
| Reviewed by Supervisor/PIC on Completion of Entry | Date: | |
| Reviewed by HSE Department: | Date: | Time: |