

## CSE Work Permit (sample)\*

Site: Facility: \_\_\_\_\_ Section/Workplace: \_\_\_\_\_  
 Object/Container No./Description: \_\_\_\_\_

### Current status:

	<b>No</b>	<b>Yes</b>	
Emptied:	<input type="checkbox"/>	<input type="checkbox"/>	
Purged:	<input type="checkbox"/>	<input type="checkbox"/>	with: <input type="checkbox"/> water <input type="checkbox"/> vapour <input type="checkbox"/> air <input type="checkbox"/> nitrogen <input type="checkbox"/> _____
Disconnected:	<input type="checkbox"/>	<input type="checkbox"/>	

### Hazards according to risk assessment:

	<b>No</b>	<b>Yes</b>	
Mechanical:	<input type="checkbox"/>	<input type="checkbox"/>	Description/Safety measure: _____
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	Description/Safety measure: _____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Description/Safety measure: _____
Clearance measurement required?	<input type="checkbox"/>	<input type="checkbox"/>	Through department: _____ Name: _____
Ex:	<input type="checkbox"/>	<input type="checkbox"/>	
Tox:	<input type="checkbox"/>	<input type="checkbox"/>	
Ox:	<input type="checkbox"/>	<input type="checkbox"/>	

### Safety measures for clearance measurement:

Gas detector used: Type: \_\_\_\_\_ Serial no.: \_\_\_\_\_

Functionality test successful:  No  Yes Date: \_\_\_\_\_

Measuring point:  Top  Centre  Bottom

Measuring frequency:  Before the first permit  In each case, before starting work  Every \_\_\_ hours/minutes

(Percentage of) substance to be measured	Ex <input type="checkbox"/>	Ox <input type="checkbox"/>	CO <input type="checkbox"/>	Methanol <input type="checkbox"/>	H <sub>2</sub> S <input type="checkbox"/>	_____	_____
<b>Value for permit</b> Time of measurement Date                      Time	< 10% LEL	≥ 19.5 ≤ 21.5 Vol %	< ___ ppm	< ___ ppm	< ___ ppm	< ___ ppm	< ___ ppm

Ventilation required?  No  Yes Kind/duration: \_\_\_\_\_

### Protective measures:

	<b>No</b>	<b>Yes</b>	
Head protection/eye protection:	<input type="checkbox"/>	<input type="checkbox"/>	Kind/type: _____
Body protection/hand protection:	<input type="checkbox"/>	<input type="checkbox"/>	Kind/type: _____
Respiratory protection:	<input type="checkbox"/>	<input type="checkbox"/>	Kind/type: _____
Fall protection:	<input type="checkbox"/>	<input type="checkbox"/>	Kind/type: _____
Personal gas detector:	<input type="checkbox"/>	<input type="checkbox"/>	Kind/type: _____
Monitoring by third parties:	<input type="checkbox"/>	<input type="checkbox"/>	Kind: _____
Other, e.g. fire extinguisher:	<input type="checkbox"/>	<input type="checkbox"/>	Kind/type: _____

Approval by: Name: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

\*This is a sample template. It serves as a guide. Please observe other locally applicable rules or regulations and individual requirements as well as other hazardous substances to be measured and their limit values.