

CONFINED SPACE ENTRY PERMIT

Issue Date: 6-9-10
 Issue Time: 9:15 AM

School Name: Cleer View
 Confined Space: Boiler #1

Expiration Date: 6-10-10
 Expiration Time: 9:15 AM

Entry Personnel: Don Updike
 Standby Personnel: SCOTT Ring

NOTE: DURATION OF PERMIT IS NOT TO EXCEED 8 HOURS FOR ENTRY INTO A CONFINED SPACE.

Atmospheric Checks	Time: _____	am / pm
Oxygen:	_____	% (19.5%-22.5%)
Combustible:	_____	% L.E.L. (<10% CH ₄)
Toxic:	_____	ppm (<10% H ₂ S)
Carbon Monoxide:	_____	ppm (<35ppm)

Tester's Name and Signature: _____

<u>Isolation of Pumps or Lines</u>	Yes	No	N/A
Pumps or lines blocked, blanked, or disconnected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Ventilation</u>	Yes	No	N/A
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Natural ventilation only	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Atmospheric Checks after Isolation and/or Ventilation (if necessary)

Oxygen:	<u>20.9</u>	% (19.5%-22.5%)
Combustible:	<u>0</u>	% L.E.L. (<10% CH ₄)
Toxic:	<u>0</u>	ppm (<10% H ₂ S)
Carbon Monoxide:	<u>0</u>	ppm (<35ppm)

Tester's Name and Signature: Jamie Nixon

<u>Equipment</u>	Yes	No	N/A
Calibrated 4-gas meter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harness/lifelines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper PPE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/retrieval devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical tools/lighting/non-spark tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and reviewed. This permit is not valid unless all appropriate items are completed and understood.

Prepared by: Jamie Nixon (print) _____ (sign)

Approved by: Jamie Nixon (print) _____ (sign)

CONFINED SPACE ENTRY PERMIT

Issue Date: 6/9/10 School Name: Clearfield # 2
 Issue Time: 10:15 Confined Space: Boiler # 2
 Expiration Date: 6/10/10 Entry Personnel: Don Updike
 Expiration Time: 10:15 Standby Personnel: Scott Ruff

NOTE: DURATION OF PERMIT IS NOT TO EXCEED 8 HOURS FOR ENTRY INTO A CONFINED SPACE.

Atmospheric Checks Time: _____ am / pm
 Oxygen: _____ % (19.5%-22.5%)
 Combustible: _____ % L.E.L. (<10% CH₄)
 Toxic: _____ ppm (<10% H₂S)
 Carbon Monoxide: _____ ppm (<35ppm)

Tester's Name and Signature: _____

Isolation of Pumps or Lines Yes No N/A
 Pumps or lines blocked, blanked, or disconnected

Ventilation Yes No N/A
 Mechanical
 Natural ventilation only

Atmospheric Checks after Isolation and/or Ventilation (if necessary)

Oxygen: 20.9 % (19.5%-22.5%)
 Combustible: 0 % L.E.L. (<10% CH₄)
 Toxic: 0 ppm (<10% H₂S)
 Carbon Monoxide: 0 ppm (<35ppm)

Tester's Name and Signature: Jamie Nixon _____

Equipment Yes No N/A
 Calibrated 4-gas meter
 Safety harness/lifelines
 Communication equipment
 Proper PPE
 Mechanical/retrieval devices
 Electrical tools/lighting/non-spark tools

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and reviewed. This permit is not valid unless all appropriate items are completed and understood.

Prepared by: Jamie Nixon (print) _____ (sign)

Approved by: Jamie Nixon (print) _____ (sign)