

CONFINED SPACE ENTRY PERMIT

Issue Date: 5/31/11
 Issue Time: 9:00 AM

School Name: Clearview
 Confined Space: Boiler #1

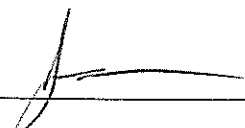
Expiration Date: 5/31/11
 Expiration Time: 5:00 PM

Entry Personnel: Don Wpdike
 Standby Personnel: Tom Greener

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

Atmospheric Checks Time: 9:30 am / pm

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 Dixon 

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

Ventilation
 Mechanical Yes No N/A
 Natural ventilation only Yes No N/A

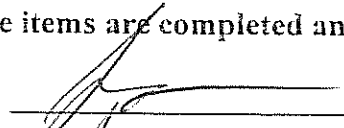
Atmospheric Checks after Isolation and/or Ventilation (if necessary)

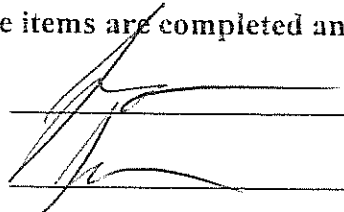
Oxygen: _____ % (19.5%-22.5%)
 Combustible: _____ % L.E.L. (<10% CH₄)
 Toxic: _____ ppm (<10% H₂S)
 Carbon Monoxide: _____ ppm (<35ppm)

Tester's Name and Signature: _____

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

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 Dixon (print)  (sign)

Approved by: Jamie Dixon (print)  (sign)

CONFINED SPACE ENTRY PERMIT

Issue Date: 5/31/11 School Name: Clearview
Issue Time: 9:00 AM Confined Space: Basement #2
Expiration Date: 5/31/11 Entry Personnel: Don Wpdlke
Expiration Time: 5:00 PM Standby Personnel: Les Greene

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

Atmospheric Checks Time: 9:30 am/pm
Oxygen: 20.9 % (19.5%-22.5%)
Combustible: # % L.E.L. (<10% CH₄)
Toxic: # ppm (<10% H₂S)
Carbon Monoxide: # ppm (<35ppm)

Tester's Name and Signature: Jan Dike

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

<u>Ventilation</u>	Yes	No	N/A
Mechanical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Natural ventilation only	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Tester's Name and Signature: _____

<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 checked="" type="checkbox"/>	<input 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: Jan Dike (print) _____ (sign)

Approved by: Jan Dike (print) _____ (sign)