

CONFINED SPACE ENTRY PERMIT

Issue Date: 5/7/12 School Name: North Jr. High
Issue Time: 8:15 AM Confined Space: Boiler #2
Expiration Date: 5/7/12 Entry Personnel: Debra Roska
Expiration Time: 4:15 PM Standby Personnel: _____

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

Atmospheric Checks Time: _____ am / pm
Oxygen: 20.5 % (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: James Nixon

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

Tester's Name and Signature: _____

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

CONFINED SPACE ENTRY PERMIT

Issue Date: 3/14/12 School Name: North Jr High
 Issue Time: 8:30 AM Confined Space: Baker #1
 Expiration Date: 3/14/12 Entry Personnel: Dennis Roske
 Expiration Time: 5:00 PM Standby Personnel: _____

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

Atmospheric Checks Time: _____ 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: Jane Nixon

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