

CONFINED SPACE ENTRY PERMIT

Issue Date: 6/2/11
 Issue Time: 11:00 Am

School Name: Oak Hill
 Confined Space: Boiler 1

Expiration Date: 6/2/11
 Expiration Time: 7:00 pm

Entry Personnel: Gary Glew
 Standby Personnel: Betty Henderson

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: Jamie Nix

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

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

Equipment
 Calibrated 4-gas meter Yes No N/A
 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 Nix (print) _____ (sign)

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

CONFINED SPACE ENTRY PERMIT

Issue Date: 5/24/11
 Issue Time: 10:30

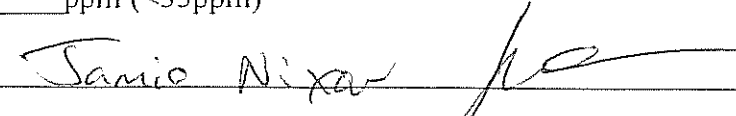
School Name: Cork Hill
 Confined Space: Boiler 2

Expiration Date: 5/24/11
 Expiration Time: 6:30

Entry Personnel: Gary Glew
 Standby Personnel: Beth Hestenes

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: Janice Nixon 

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

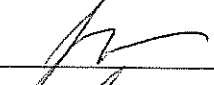
Ventilation
 Mechanical Yes No N/A
 Natural ventilation only Yes No N/A

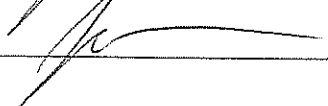
Atmospheric Checks after Isolation and/or Ventilation (if necessary)
 Oxygen: 20.9 % (19.5%-22.5%)
 Combustible: _____ % L.E.L. (<10% CH₄)
 Toxic: _____ ppm (<10% H₂S)
 Carbon Monoxide: _____ ppm (<35ppm)

Tester's Name and Signature: _____

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: Janice Nixon (print)  (sign)

Approved by: Janice Nixon (print)  (sign)