Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES REMAIN AT SITE UNTIL JOB COMPLETED

DATE: _______ SITE LOCATION/DESCRIPTION

PURPOSE OF ENTRY

SUPERVISOR(S) in charge of crews Type of Crew Phone #

COMMUNICATION PROCEDURES

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM)

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*

<table>
<thead>
<tr>
<th>REQUIREMENTS COMPLETED</th>
<th>DATE TIME</th>
<th>REQUIREMENTS COMPLETED</th>
<th>DATE TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lock Out/De-energize/Try-out</td>
<td></td>
<td>Full Body Harness w/&quot;D&quot; ring</td>
<td></td>
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<tr>
<td>Line(s) Broken-Capped-Blank</td>
<td></td>
<td>Emergency Escape Retrieval Eq</td>
<td></td>
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<tr>
<td>Purge-Flush and Vent</td>
<td></td>
<td>Lifelines</td>
<td></td>
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<tr>
<td>Ventilation</td>
<td></td>
<td>Fire Extinguishers</td>
<td></td>
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<tr>
<td>Secure Area (Post and Flag)</td>
<td></td>
<td>Lighting (Explosive Proof)</td>
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<tr>
<td>Breathing Apparatus</td>
<td></td>
<td>Protective Clothing</td>
<td></td>
</tr>
<tr>
<td>Resuscitator - Inhalator</td>
<td></td>
<td>Respirator(s) (Air Purifying)</td>
<td></td>
</tr>
<tr>
<td>Standby Safety Personnel</td>
<td></td>
<td>Burning and Welding Permit</td>
<td></td>
</tr>
</tbody>
</table>

Note: Items that do not apply enter N/A in the blank.

** RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS **

CONTINUOUS MONITORING**

TEST(S) TO BE TAKEN

PERCENT OF OXYGEN
19.5% to 23.5%

LOWER FLAMMABLE LIMIT
Under 10%

CARBON MONOXIDE
+35 PPM

Aromatic Hydrocarbon
+ 1 PPM * 5PPM

Hydrogen Cyanide
(Skin) * 4PPM

Hydrogen Sulfide
+10 PPM *15PPM

Sulfur Dioxide
+ 2 PPM * 5PPM

Ammonia
*35PPM

* Short-term exposure limit: Employee can work in the area up to 15 minutes.
+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME & CHECK # INSTRUMENT(S) USED MODEL &/OR TYPE SERIAL &/OR UNIT #

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S) CHECK # CONFINED SPACE ENTRANT(S) CHECK #

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED    DEPARTMENT/PHONE

AMBULANCE 2800 FIRE 2900    Safety 4901 Gas Coordinator 4529/5387