

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Confined Space Permit**Number: **S12-PR-200-F008**Owner: **Ashley Williams**Revision: **01**Effective Date: **08/26/13**Page: **1 of 1**

Date and Time Issued: _____ Date and Time Expires: _____

Job site/Space I.D.: _____ Job Supervisor: _____

Equipment to be worked on: _____ Work to be performed: _____

Entrants Name(s) _____

Stand-by personnel: _____

1. Atmospheric Checks: Time _____
Oxygen _____ %
Explosive _____ % L.F.L.
Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry):	N/A	Yes	No	4. Ventilation Modification:	N/A	Yes	No
Pumps or lines blinded,				Mechanical	()	()	()
disconnected or blocked	()	()	()	Natural Ventilation only	()	()	()

5. Atmospheric check after isolation and ventilation:

Oxygen _____ % > 19.5 % <23.5%

Explosive _____ % L.F.L. < 10 %

Toxic _____ PPM < 10 PPM H(2)S

Time _____

Tester's signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby and back up persons:	Yes	No
Successfully completed required training? -----	()	()
Is it current? -----	()	()

9. Equipment:	N/A	Yes	No
Direct reading gas monitor—tested -----	()	()	()
Safety harnesses and lifelines for entry and standby persons -----	()	()	()
Hoisting equipment -----	()	()	()
Powered communications -----	()	()	()
SABA or SCBA for entry and standby persons -----	()	()	()
Protective Clothing -----	()	()	()
All electric equipment listed Class I, Division I, Group D and non-sparking tools --	()	()	()

10. Periodic atmospheric tests:

Oxygen _____ % Time _____ Oxygen _____ % Time _____

Oxygen _____ % Time _____ Oxygen _____ % Time _____

Explosive _____ % Time _____ Explosive _____ % Time _____

Explosive _____ % Time _____ Explosive _____ % Time _____

Toxic _____ % Time _____ Toxic _____ % Time _____

Toxic _____ % Time _____ Toxic _____ % Time _____

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____

Approved By: (Unit Supervisor) _____

Reviewed By: (Operations Personnel) _____

(printed name)

(signature)

This permit is to be kept at job site. Return job site copy to Safety Office following job completion.

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

Date: _____ Site Location and Description: _____

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