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Cloquet Mill

PSM AREA

CONTRACTOR D

Revised 2-10-2014

CONTRACTOR COMPANY NAME (Print Name) State MW tupt

CONFINED SPACE ENTRY PERMIT
(See back of permit for additional requirements) Date 2/2/22 Shift Start/Stop Times 6 an - Company Valid for current shift only
ressel Name / Control Number 68 208 8 - 3
Vork Description The State of t
CHECKLIST – CHECK BOX OF EACH ITEM COMPLETED (N/A means does not apply) YES N/A
Employees involved must have received confined space training—REQUIRED
2. Confined space lockout has been completed and reviewedREQUIRED
3. Ventilation Blower used 6 th time needed before entry
*Meter number **Monitor calibration; must be within the past 31 days *Oxygen (02) must be more than 19.5% and less than 23.5% *Flammable vapors must be less than 10% LEL *Hydrogen sulfide (H2S) must be less than 10 ppm *Carbon monoxide (CO) must be less than 35 ppm *Other
MARTY PEOPREDI
Tester (Print Name) Witness (Print Name)
5. Harness and lifeline worn by personnel in confined space
If N/A, explain why, (Safety Depart involvement mandatory for N/A);
6. Trained observer(s) stationed outside vessel entranceREQUIRED
6. Trained observer(s) stationed outside vessel entrance
Entry Supervisor (Print Name)
PERMIT MUST BE DISPLAYED ON JOB
IN AN EMERGENCY
FOR CONFINED SPACE RESCUE INTO THE SPACE OR NEED FOR AN AMBULANCE Call 911, identify yourself, nature of emergency, emergency door number to use, page 915 (Security) and give same info, send two people to the emergency door to meet responders (Security and the CAFD don't arrive at the same time)
FOR FIRE Pull the nearest manual fire alarm, call 2222 on an in plant phone to report fire, return to manual fire alarm, send two people to the emergency door to meet responders (Security and the CAFD don't arrive at the same time)
Name and number of Emergency contact person (Print Name) Must be trained in First Aid and CPR
Location and number of nearest Emergency Door
Location and number of nearest manual fire alarm 4(4 ± 9 ± 12) 3357 h (321)
Location and number of nearest phone 2436 The Bank State of the State
ELEU 2015 FOUNT (SHOWN WELL)
WHEN JOB DONE, SEND COMPLETED PERMIT TO THE SAFETY OFFICE

CONFINED SPACE PRE-ENTRY MEETING REQUIREMENTS

Pre-entry Meeting Topics to be covered by the Entry Supervisor:

- 1. Discuss how communications will be handled between the entrants and outside observer, e.g., visual, verbal, two way radio, other
- 2. What is the rescue plan?
- 3. No one goes into the confined space unless they have had training, are locked out with their personal safety lock and an outside observer is in position.
- 4. All electrical services inside the confined space are to have a GFCI.
- 5. What other permits are required? e.g., hot work, radiation, fire water use, etc.
- 6. What are the hazards of this space and hazards for the work to be done?
 - a. Physical, e.g., slip/trips/falls, lines drained (how do you know?), chemicals, respiratory protection, overhead hazards
 - b. Mechanical, e.g., special tools needed
 - c. Electrical, e.g., power cord housekeeping, lighting voltage, GFCI all circuits, etc.
- 7. What is the atmospheric testing frequency? e.g., continuous, intermittent, after breaks, etc.
- 8. What PPE is to be worn while in the confined space? Note it here:

DO YOUR SLEEVES NEED TO BE TAPED?

- 9. Where is the nearest safety shower?
- 10. Review all information on the front side of the permit.

CONFINED SPACE ENTRY LOG

If more space is needed, print another Confined Space Entry Log from the Safety Website "Forms and Checklists" tab and attach to this permit.

By putting your name on the line below (ENTRANTS OR OBSERVER), you are acknowledging you have had a pre-entry meeting.

Sorre Milod	AUTHORIZED ENTRANT Tomie VICUETS	TIME IN	<u>TIME OUT</u>
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Cloquet Mill

	MILL EMPLOYEE
	PSM AREA
)\	CONTRACTOR

CONTRACTOR COMPANY NAME (Print Name)

Revised 2-10-2014 CONTRAC	TOR COMPANT NAME (I'II	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CONFINED SPAC	<u>E ENTRY PERM</u>	AIT	
(See back of permit for	additional requiremen	ts)	Gam 6 pm Valid for current shift only
Work Description Trapector CHECKLIST - CHECK BOX OF EACH ITEM COMPLETED (N/A m	eans does not apply)	YES	N/A
Employees involved must have received confined space traini Lealing these been completed and reviewedR	ng-REQUIRED		
Confined space lockout has been completed. Ventilation / Blower used time needed before ent.) D	
4. Atmospheric Tests in Confined Space: *Meter number *Monitor calibration; must be within t *Oxygen (02) must be more than 19.5 *Flammable vapors must be less tha *Hydrogen sulfide (H2S) must be les *Carbon monoxide (CO) must be les *Other	% and less than 20.0 % n 10% LEL s than 10 ppm	26.7	date & time days since last calibration % % ppm ppm
Tester (Print Name) 5. Harness and lifeline worn by personnel in confined space If N/A, explain why, (Safety Depart involvement in the confined space)	nandatory for N/A);	Vitness (Print N	ame)

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IN AN EMERGENCY

FOR CONFINED SPACE RESCUE INTO THE SPACE OR NEED FOR AN AMBULANCE

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Location and number of nearest manual fire alarm

Location and number of nearest phone

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OUTSIDE OBSERVER	JAME VICKETS	TIME IN	TIME OUT	
FUC. 1. C. 11 AUD 1	VAMIL VICKERS	11:30	11:50	
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