C L A S S " C "
C O N F I N E D S P A C E P R E - E N T R Y C H E C K L I S T

This certification form is to be completed for authority to allow entry into a confined space. It may only be issued under the conditions set forth in the written entry procedures specific to the space identified on this form. It shall be made available to each employee entering the space.

Specific location and space: _____________________________
Date entry is authorized: _____________________________
Time effective: From: __________ To: ___________
Has each entrant received the prescribed training? Yes___No___
Is area marked and secure? Yes___No___

Atmosphere test readings must be taken before forced air supply is connected, if used, and PRIOR TO ENTRY. Readings recorded below must be within the prescribed safe limits.

<table>
<thead>
<tr>
<th>ATMOSPHERIC PARAMETERS</th>
<th>INITIAL READING</th>
<th>FINAL READING</th>
<th>WITHIN PRESCRIBED LIMITS</th>
<th>SAFE LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen by volume</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>&gt;19.5% &amp; &lt;21%</td>
</tr>
<tr>
<td>Percent LFL</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>&lt;10% LFL</td>
</tr>
<tr>
<td>Carbon Monoxide ppm</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>&lt;25 ppm</td>
</tr>
<tr>
<td>Hydrogen Sulfide ppm</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>&lt;10 ppm</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Is forced air equipment working properly? Yes____No___
Is air supply from a clean source? Yes____No___
Has forced air been supplied the amount of time prescribed before entry? Yes____No___

Describe each step taken as prescribed by the written entry procedures as the basis for determining that all hazards have been eliminated (i.e. lockout/tagout of feed valves or power switches; removal of contaminants; etc.).

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I certify that all recognized hazards have been eliminated in this permit-required confined space to allow for entry. Safeguards and work practices are in place to ensure safe entry operations.

Signature of person authorizing entry: ______________________________________________________

Title : _____________________________________ Date certification issued: ______________________