

Airswift Holdings Ltd.

Class “C” Confined Space Entry Permit

Date: 06/16/2021

Version: 01

Owner: Operations Manager – North America



Airswift Holdings Ltd.

HSE Management System

Class “C” Confined Space Entry Permit

Important Notice:

1. This procedure is a Controlled Document and shall not be amended without the authority of the Operations Manager – North America.
2. Any queries or feedback concerning the contents of this Procedure should be addressed to the Operations Manager – North America.

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Job Site: _____ **Permit Number:** _____

Permit Validity Period (day/time): _____ **to** _____

Confined Space Identification Code (if identified): (_____)

Notes: _____

Authorized Personnel

Workers Authorized Entry

Attendants

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Known Hazards

(Indicate specific hazards with initials)

- _____ Oxygen deficiency (less than 19.5%)
- _____ Oxygen enrichment (more than 23.5%)
- _____ Flammable gases or vapors (more than 10% of LEL)
- _____ Airborne combustible dust (meets or exceeds LFL)
- _____ Toxic gases or vapors (more than PEL) _____
- _____ Mechanical hazards
- _____ Electrical hazards
- _____ Engulfment hazards
- _____ Materials harmful to skin
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____

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Employee Training and Pre-Entry Briefing

- 1. Safe Entry and Rescue Training Conducted on? _____
- 2. Mandatory Pre-Entry Briefing Conducted on? _____
- 3. Does this job require any special training? Yes _____ No _____
If yes, type of training required: _____

Contractor Notification of:

Permit Conditions: Yes _____ No _____ **Potential Hazards:** Yes _____ No _____

Communication Requirements

Intrinsically Safe? Yes _____ No _____ **Visually Inspected?** Yes _____ No _____

Lighting Requirements

Intrinsically Safe? Yes _____ No _____ **Visually Inspected?** Yes _____ No _____

Special Tools/Equipment

Intrinsically Safe? Yes _____ No _____ **Visually Inspected?** Yes _____ No _____

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Site Preparation

- 1. Work area isolated with signs and or barriers Yes _____ No _____
- 2. All energy sources locked/tagged out? Yes _____ No _____
- 3. All input lines capped/blinded? Yes _____ No _____
- 4. If vessel, drained, flushed, neutralized? Yes _____ No _____
- 5. If vessel, cleaned, purged? Yes _____ No _____
- 6. Ventilation initiated 30 min. before entry? Yes _____ No _____
- 7. Fire extinguishers on hand? Yes _____ No _____
- 8. _____ Yes _____ No _____
- 9. _____ Yes _____ No _____
- 10. _____ Yes _____ No _____

Pre-Entry Atmospheric Testing

| Action Requirement | Reading | Time | Intervals | Levels |
|-----------------------------|----------------|-------|----------------------------|--------|
| 1. Test for oxygen content | _____ %O2 | _____ | _____ | _____ |
| 2. Test for flamm. concent. | _____ <10%LEL | _____ | _____ | _____ |
| 3. Test for H2S | _____ <10PPM | _____ | _____ | _____ |
| 4. Test for Cl2 | _____ <.5PPM | _____ | _____ | _____ |
| 5. Test for CO | _____ <35PPM | _____ | _____ | _____ |
| 6. Test for SO2 | _____ <2PPM | _____ | _____ | _____ |
| 7. Test for toxic concent. | _____ PPM | _____ | _____ | _____ |
| | | | _____ of _____ (TLV=_____) | |
| 8. Test for heat stress | _____ of _____ | _____ | _____ | _____ |
| 9. Test for _____ | _____ | _____ | _____ | _____ |
| 10. Test for _____ | _____ | _____ | _____ | _____ |

Tester Name: _____

Signature: _____

Title: _____

Date: _____ Time: _____

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Emergency/Rescue Procedures

- 1. Location of written Emergency/Rescue Plan: _____
- 2. Type of Emergency/Rescue Team required:
On-site: Yes: ___ No: ___ Contact: _____ Phone: _____
Off-site: Yes: ___ No: ___ Contact: _____ Phone: _____
- 3. Additional Information:

Personal Protective Equipment Required

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. Air purifying respirator? Yes ___ No ___ Type: _____
- 7. Self-contained Breathing Apparatus Required? Yes ___ No ___
- 8. Atmospheric Monitor Required? Yes ___ No ___ Type: _____

Area Safety Equipment Required

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

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Permit Authorization

I certify that I have inspected the work area for safety and reviewed all safety precautions recorded on this permit.

1. Name: _____ Signature: _____

Title: _____ Date: _____ Time: _____

2. Name: _____ Signature: _____

Title: _____ Date: _____ Time: _____

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Document Control – Revisions and Amendments

| Version Number | Effective Date | Author | Amendments | Reason for Amendments |
|----------------|----------------|--------|------------|-----------------------|
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