**AVALIAÇÃO DE NR-33 /SUPERVISOR**

**ATENÇÃO:** ANTES DE INICIAR A PROVA, POR FAVOR, PREENCHA OS CAMPOS ABAIXO COM OS SEUS DADOS PESSOAIS.

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| NOME COMPLETO: |
| E-MAIL: |
| TELEFONE: |
| EMPRESA RESP.: |

**QUESTÃO 01**

Quais são as obrigações de empregador e do empregado com relação à NR-33?

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**QUESTÃO 02**

Cite 3 riscos a serem verificados e controlados em espaço confinado. Físico, Químico, Biológico, Ergonômico, Mecânicas e Acidentes?

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**QUESTÃO 03**

Qual o objetivo das Permissões de Entrada de Trabalho?

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**QUESTÃO 04**

De que forma é feita a Avaliação Atmosférica?

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**QUESTÃO 05**

Qual respirador deve ser usado em espaço confinado em I.P.V.S provocados pela

presença contaminantes ou redução de oxigênio?

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**QUESTÃO 06**

Cite os EPI’s obrigatórios para espaços confinados:

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**QUESTÃO 07**

Qual é o objetivo da NBR 16577?

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**QUESTÃO 08**

Cite 5 Medidas Técnicas de Prevenção, Medidas Administrativas e Pessoais:

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