



NORTH DAKOTA GRAIN DEALERS ASSOCIATION  
SAFETY & HEALTH PROGRAM

**BIN, SILO, TANKS & FLAT STORAGE ENTRY  
PERMIT AND CHECKLIST**

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DATE: \_\_\_\_\_ . PURPOSE OF ENTRY \_\_\_\_\_

TIME: \_\_\_\_\_ . \_\_\_\_\_

BIN IDENTIFICATION #: \_\_\_\_\_ . \_\_\_\_\_

This permit signifies that **ALL** safety precautions have been complied with for the job described. Permit will be kept on file until work is completed.

**Personnel SHALL NOT enter a bin if doing so puts them below bridged or hung-up material. Personnel SHALL NOT “walk down” grain to make it flow.**

**Before entering bin, silo or tank, the following checklist SHALL be complete:**

- |  | YES   | N/A   |
|--|-------|-------|
| 1. <u>Lock-Out and Tag of Conveying Equipment</u> .....  | _____ | _____ |
| 2. <u>Atmosphere of the Bins, Silo or Tank:</u>  |       |       |
| A. <b>OXYGEN CONTENT:</b>  |       |       |
| (1) Oxygen level is 19.5 percent or more (determined through testing); <b>OR</b> .....   | _____ | _____ |
| (2) Ventilation (natural or forced air) provided before and during entry; <b>OR</b> .....  | _____ | _____ |
| (3) Self-contained breathing apparatus provided and worn.....  | _____ | _____ |
| B. <b>COMBUSTIBLE GASES, VAPORS AND TOXIC AGENTS -<br/>    If Believed To Be Present:</b>  |       |       |
| (1) Atmosphere tested for suspected gases <b>OR</b> .....  | _____ | _____ |
| (2) If testing indicates gases are present   |       |       |
| (a) Ventilation (natural or forced air) provided before and during entry,<br>and atmosphere monitored during entry.....                    | _____ | _____ |
| (b) Appropriate personal protection equipment provided and worn.....   | _____ | _____ |
| 3. Person Performing Entry:  |       |       |
| A. <u>Instructed</u> on bin entry hazards.....   | _____ | _____ |
| B. <u>Trained</u> on safety equipment operation.....   | _____ | _____ |
| C. <u>Trained</u> on use of respiratory protection .....   | _____ | _____ |
| 4. <u>Body Harness and Lifeline, or Boatswain’s Chair and Lifeline worn by entrant<br/>when depth of grain poses an engulfment hazard.</u> | _____ | _____ |
| 5. Observer:   |       |       |
| A. <u>Trained</u> in rescue procedures.....  | _____ | _____ |
| B. <u>Knows how</u> to obtain additional emergency help.....   | _____ | _____ |
| C. <u>Communications Provided</u> (visual, voice, or signal line) .....  | _____ | _____ |
| 6. Rescue Equipment Available.....   | _____ | _____ |

Not to be signed UNLESS all lines of the checklist have been marked. **ALL** equipment to be used for this entry has been checked for performance and/or defects.

Signature of Facility Manager (or Representative): \_\_\_\_\_

Some Permit Information Courtesy of National Grain and Feed Association