



NORTH DAKOTA GRAIN DEALERS ASSOCIATION
SAFETY & HEALTH PROGRAM

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

©1996

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. OXYGEN CONTENT:		
(1) Oxygen level is 19.5% or more (determined through testing); OR	_____	_____
(2) Ventilation (natural or forced air) provided before and during entry; OR	_____	_____
(3) Self-contained breathing apparatus provided and worn	_____	_____
B. COMBUSTIBLE GASES, VAPORS AND TOXIC AGENTS – <u>If believed to be present:</u>		
(1) Atmosphere tested for suspected gases OR	_____	_____
(2) If testing indicates gases are present		
(a) Ventilation (natural or forced air) provided before and during entry, 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 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 Elevator Manager (or Representative): _____

Some Permit Information Courtesy of National Grain and Feed Association
(NDGDA copyright does not prevent Safety & Health clients from copying this form for their own use)