

**Penetration Permit**

Work Request # (if applicable): \_\_\_\_\_ Date Permit Submitted: 5/17/06

**GENERAL INFORMATION**

<b>Area/Location</b>	<b>Date(s) work will be performed</b>	<b>Job Description (location of penetration, material to be penetrated, tools, etc)</b>
SECTOR 20 LCLB INSULATOR VAULT	5/17/06	DRILL ANCHOR HOLES INTO WALLS FOR ALIGNMENT BRACKETS.
<b>Responsible Line Manager or Designee Name/Organization)</b>	<b>Phone #</b>	<b>Other Information (e.g., depth of penetration, etc.)</b>
C. LE GOCQ AEG	2335	1/2 INCH BILT CONCRETE ANCHORS WILL BE USED. DEPTH 2 1/2 INCHES. 6 BRACKETS WITH 4 ANCHORS PER BRACKET

**CLASS 1 PENETRATION CHECKLIST (HOLLOW WALLS, CEILINGS OR FLOORS, OR 2 INCHES OR LESS INTO SOLID MATERIAL) PENETRATION CHECKLIST**

	Yes	N/A
Checked other side of walls, under floors, or through false ceilings for hazards?	_____	_____
Verified stud locations?	_____	_____
Nonconductive tools to be used?	_____	_____
Masonry bits and hand tools to be used for initial penetration?	_____	_____
Drill bit stops or short drill bits (2 inches or less) to be used for solid material?	_____	_____
Electrical tools equipped with GFCIs or double insulated?	_____	_____
GFCIs tested?	_____	_____
Appropriate PPE specified (see page 2) and obtained?	_____	_____
PPE inspection(s) up to date?	_____	_____
Checklist completed by: _____	Date: _____	

**CLASS 2 PENETRATION CHECKLIST (GREATER THAN 2 INCHES INTO SOLID MATERIAL) PENETRATION CHECKLIST**

	Yes	N/A
Reviewed historical records, engineering plans, and drawings?	<input checked="" type="checkbox"/>	_____
Area Responsible Person /designee, customer/requester, or other personnel consulted?	<input checked="" type="checkbox"/>	_____
Visually inspected proposed location of penetration?	<input checked="" type="checkbox"/>	_____
Checked other side of walls, under floors, or through false ceilings for hazards?	_____	<input checked="" type="checkbox"/>
De-energized and locked/tagged-out energy sources as required?	_____	<input checked="" type="checkbox"/>
Non-Destructive Testing (NDT) used to determine if additional hazards exist?	_____	<input checked="" type="checkbox"/>
If yes, list results under "Hazards."	_____	<input checked="" type="checkbox"/>
NDT used to determine wall reinforcement?	_____	<input checked="" type="checkbox"/>
Electrical tools equipped with GFCI or double-insulated?	<input checked="" type="checkbox"/>	_____
GFCIs tested?	<input checked="" type="checkbox"/>	_____
Appropriate PPE specified (see page 2) and obtained?	<input checked="" type="checkbox"/>	_____
PPE inspection(s) up to date?	<input checked="" type="checkbox"/>	_____
Short drill bits used or equipment marked to limit penetration depth?	<input checked="" type="checkbox"/>	_____
Checklist completed by: <u>Michael Gial</u>	Date: <u>5/17/06</u>	

HAZARDS AND REQUIRED CONTROLS (May reference JHAM, AHA, or EWP if hazards/controls are documented there):

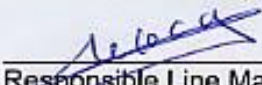
<p><u>Hazards</u></p> <p>Type and size of energy sources present (including results from NDT, if used): NONE</p> <p>Hazards specific to the tools that will be used: SEE ROOFING AEG FIELD JHAM</p> <p>Work environment hazards (such as moisture, lead, asbestos, etc.): DUST FROM DRILLING</p> <p>Other hazards: NO</p>
<p><u>Controls</u></p> <p>Procedural requirements: TOOL INSPECTION, GFCI TEST</p> <p>Types and classification of PPE: SAFETY GLASSES WITH SIDE SHIELD GLOVES</p> <p>Other controls: VACUUM</p>

REVIEW, APPROVAL, AND AUTHORIZATION

Any deviation from the scope of work identified on this permit requires re-validation of this permit. This penetration permit expires 30 days after issuance.

CLASS 1 & 2 AUTHORIZATIONS:

I have discussed the hazards and controls with the workers and verified that they are trained/qualified to perform the work.

 AEG DATE: 5/17/06  
Responsible Line Manager/Designee Signature

CLASS 2 AUTHORIZATION ONLY:

 DATE: 5/17/06  
Area Responsible Person