

Penetration Permit

Work Request # (if applicable): _____ Date Permit Submitted: 6/30/06

GENERAL INFORMATION

Area/Location	Date(s) work will be performed	Job Description (location of penetration, material to be penetrated, tools, etc)
S20 Laser Room	7/5/06	Drill 2" holes in various location on the floor to mount alignment monuments
Responsible Line Manager or Designee Name/Organization)	Phone #	Other Information (e.g., depth of penetration, etc.)

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?	_____	<u>X</u>
Verified stud locations?	_____	<u>X</u>
Nonconductive tools to be used?	_____	<u>X</u>
Masonry bits and hand tools to be used for initial penetration?	_____	<u>X</u>
Drill bit stops or short drill bits (2 inches or less) to be used for solid material?	<u>X</u>	_____
Electrical tools equipped with GFCIs or double insulated?	<u>X</u>	_____
GFCIs tested?	<u>X</u>	_____
Appropriate PPE specified (see page 2) and obtained?	<u>X</u>	_____
PPE inspection(s) up to date?	<u>X</u>	_____
Checklist completed by: <u>Kim Roteligne</u> Date: <u>6/30/06</u>		

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

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

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): N/A</p> <p>Hazards specific to the tools that will be used: Electric shock, catch finger on spinning drill Use GFCI</p> <p>Work environment hazards (such as moisture, lead, asbestos, etc.): N/A</p> <p>Other hazards:</p>
<p><u>Controls</u></p> <p>Procedural requirements:</p> <p>Types and classification of PPE: Safety Glasses, Gloves, Steel toed shoes, hard hat</p> <p>Other controls:</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.

Tom L. [Signature] DATE: 7-5-06
Responsible Line Manager/Designee Signature

CLASS 2 AUTHORIZATION ONLY:

Scott [Signature] DATE: 06-30-06
Area Responsible Person