



MINNESOTA GRAIN AND FEED 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	No
1. All Equipment is Locked Out/Tagged Out while entrants are in the bin and/or Engineered controls on sweep augers are implemented for all entrants (N/A if Not applicable)	_____	_____
2. The grain is in satisfactory condition no Bridged or Clumping grain	_____	_____
3. Atmosphere of the bins, silo or tank: Pre-entry Inspection:		
1 Ventilation (natural or forced air) provided before and during entry	_____	_____
2 No odor emitted from the grain bin upon opening	_____	_____
3 No other reason to believe toxic agents present (e.g., Fumigation, Treated Grain)	_____	_____
If no, describe reason : _____		
If " No " is answered for any #1-3, air monitoring is required:		
1 Oxygen (O2)19.5%-23.5% Initial Reading _____ %		
2 Carbon Monoxide (CO)<35ppm Initial Reading _____ ppm		
3 Hydrogen Sulfide (H2s)<10ppm Initial Reading _____ ppm		
4 Combustible Gases (LEL)<10% Initial Reading _____ %		
4. 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	_____	_____
5. Body harness and lifeline, or boatswain's chair and lifeline worn by entrant when depth of grain poses an engulfment hazard.	_____	_____
6. 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)	_____	_____
7. 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): _____