

# Utility Tunnel Safety Work Plan

I. Department:		Date:	
II. Work Order #:			
III. Utility Tunnel Location:			
IV. Description of Work:			

**V. Atmospheric Test If Conducted (*Continuous Monitoring May be Required*)**

Tests to be Performed	Acceptable Entry Conditions	ACCEPTABLE?	Test Results #
OXYGEN (% Volume)	20.9% (19.5% to 23.5%)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
FLAMMABILITY (% LEL)	< 10 % of LEL	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CARBON MONOXIDE	< 25 ppm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HYDROGEN SULFIDE	< 10 ppm	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**VI. Required Equipment (Check ALL that apply and describe where indicated):**

<input type="checkbox"/> Barricades, Barrier Tape, Fan/Ventilators	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Fire Extinguisher/Hot Work Permit
<input type="checkbox"/> Gloves (canvas, Rubber, leather?)	<input type="checkbox"/> LOTO	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Eye Protection (safety glasses; face shield)	<input type="checkbox"/> Radio	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Body Protection (work coveralls, Tyvek)	<input type="checkbox"/> Head Protection (hard hat?)	

**VII. Personnel**

Entry Personnel Name(s)	
Attendant Personnel (Name, Department):	

Supervisor Authorizing Entry:		Date:	
<i>Certifying Supervisor is responsible for ensuring that all necessary procedures, practices, and equipment for safe entry are in place before and during entry.</i>		Time	

<b>Job Completion:</b>		
Utility Tunnel Space completed and space returned to normal operating mode	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Exit Location:	Exit Time:
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After activity is completed, please send a copy to Steam Plant. EH&S will review completed copies of forms on a quarterly basis.