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)

<table>
<thead>
<tr>
<th>Tests to be Performed</th>
<th>Acceptable Entry Conditions</th>
<th>ACCEPTABLE?</th>
<th>Test Results #</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXYGEN (% Volume)</td>
<td>20.9% (19.5% to 23.5%)</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>FLAMMABILITY (% LEL)</td>
<td>&lt; 10 % of LEL</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>CARBON MONOXIDE</td>
<td>&lt; 25 ppm</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>HYDROGEN SULFIDE</td>
<td>&lt; 10 ppm</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

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

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

VII. Personnel

Entry Personnel Name(s):

Attendant Personnel (Name, Department):

Supervisor Authorizing Entry: ___________________________ Date: ___________________________

Certifying Supervisor is responsible for ensuring that all necessary procedures, practices, and equipment for safe entry are in place before and during entry.

Job Completion:

Utility Tunnel Space completed and space returned to normal operating mode ☐ Yes ☐ No

Exit Location: ___________ Exit Time: ___________

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