If all of the following restrictions are met, [(a) or (b)] and (c), a blind penetration permit is not required.\*

1. Penetration is not more than 1.5 inches deep.
2. If penetration is more than 1.5 inches deep in a hollow drywall, plaster, or hardboard wall or ceiling, and a borescope or other similar method has been employed to verify that no utilities are in the area, or the area is open such that a visual inspection can verify the absence of utilities in the area.
3. Form ANL-18 Work Entry Clearance is completed.

**General Information**

| **Area/Location** | **Date(s) Work Will Be Performed** | **Job Description (location of penetrations,  material to be penetrated, tools, etc.)** |
| --- | --- | --- |
|  |  |  |
| **Responsible Line Manager or Designee (Name/Organization)** | **Phone #** | **Other Information (e.g., depth of penetrations, etc.)** |
|  |  |  |

\* Before blind penetration activities take place, contact Worker Safety and Health -Occupational Health (WSH-OH) at (2-4674) and/or Worker Safety and Health – Radiological Protection Program (WSH-RPP) at (2-3355) for an evaluation of the material being disturbed [e.g., lead based paint, asbestos, concrete, silica, radioactive material area, radiological contaminated area, or as part of an Nuclear Waste Management (NWM) facility]. Any penetrations to walls, ceiling or floors that include drilling, boring, cutting or installation into nuclear or accelerator facility must be coordinated with the facility manager prior to conducting the operation.  The facility manager must be notified to account for shielding and configuration control issues.

**This procedure supplements a division’s existing work planning & control process. It is not intended to be a standalone work control document.**

**Penetration Information**

Penetration more than 1.5” in depth into solid or semi-solid material

|  | YES | NO | Comments – Explain any NO answers |
| --- | --- | --- | --- |
| Person-In-Charge (PIC): Field survey of penetration site. Check other side of walls, under floors, or through false ceilings for hazards. Using skill-of-the-worker and assessment of the particular situation, identify and document locations of hidden utilities. |  |  |  |
| Building Engineer: Review historical records, engineering plans, and drawings |  |  |  |
| Building Maintenance Foreman: Project review, identify and LockOut/TagOut (LO/TO) utilities known to be affected by the penetrations. |  |  |  |
| Any hidden utilities, identified by the PIC or Building Engineer have been located with Ground Penetration Radar. |  |  |  |
| If Ground Penetration Radar (GPR) scanning is required the following three conditions must be met:   1. It has been completed by a qualified operator 2. It is capable to operate at the required depth and material for penetration 3. It is approved by Argonne. |  |  |  |
| Building Manager: Project review |  |  |  |
| WSH-OH/WSH-RPP Contact  Specify name & date in comment section |  |  |  |
| Person-In-Charge will verify the following: |  |  |  |
| 1. Electrical (non-battery operated) tools equipped with GFCI. |  |  |  |
| 1. Mechanical drill stop or other mechanical means used to limit penetration depth to minimum necessary. |  |  |  |
| 1. Class 0 insulated electrical gloves, with leather over-gloves, rated to a minimum of 1,000V when working in damp or wet locations and/or when penetrating floors. |  |  |  |
| 1. An electrical safety mat or electrical safety footwear rated to a minimum of 1,000V, when working in damp or wet locations and/or when penetrating floors. |  |  |  |
| 1. Lock out/tag out(s) been completed for any noted or identified utilities? |  |  |  |

**NOTE:** See [FAQ](https://docs.anl.gov/main/idcplg?IdcService=DISPLAY_URL&dDocName=585213) for common examples of reasons for NO answers. Any NO answers require Building Engineer review and approval.

**Review, Approval, and Authorization**

Any deviation from the scope of work identified on the Field Verification checklist that extends beyond the scope given in the permit will require a re-validation of the permit.

|  |  |  |
| --- | --- | --- |
|  | Date: |  |
| Supervisor/Project Specialist/Tech Rep. or designee Signature |  |  |
|  |  |  |
|  | Date: |  |
| Building Maintenance Foreman Signature |  |  |
|  |  |  |
|  | Date: |  |
| Building Manager or designee Signature |  |  |
|  |  |  |
|  | Date: |  |
| Building Engineer or designee Signature |  |  |
|  |  |  |
|  | Date: |  |
| Qualified Scanner Operator (if needed) Signature |  |  |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |
| Occupational Safety & Health (optional) Signature |  |  |
|  |  |  |
|  | Date: |  |
| Permit Completed By Signature |  |  |

**Field Verification Checklist:**

**To be completed by Person-in-Charge during pre-job briefing prior to any coring or boring.**

NOTE: All responses below must match responses as approved on the Penetration Permit. If there are any discrepancies, work must be stopped and re-evaluated.

|  | YES | NO |
| --- | --- | --- |
| If a Ground Penetration Radar (GPR) scan was required for any possible utilities, has it been completed, document who performed the scanning and equipment used in the comments section below. |  |  |
| Lock out/tag out(s) have been completed for any noted or identified utilities |  |  |
| Electrical (non-battery operated) tools equipped with GFCI |  |  |
| Mechanical drill stop or other mechanical means must be used to limit penetration depth to minimum necessary |  |  |
| Class 0 insulated electrical gloves, with leather over-gloves, rated to a minimum of 1,000V when working in damp or wet locations and/or when penetrating floors |  |  |
| An electrical safety mat or electrical safety footwear rated to a minimum of 1,000V, when working in damp or wet locations and/or when penetrating floors |  |  |
| WSH-OH and/or WSH-RPP evaluation has been completed if required |  |  |
| A pre-job briefing has been conducted with the personnel performing penetrations for the scope of work covered by this permit |  |  |
| Comments: |  |  |

**Review, Approval, and Authorization**

Any deviation from the scope of work identified on this checklist that extends beyond the scope of the permit requires a re-validation of the permit.

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

|  |  |  |
| --- | --- | --- |
|  | Date: |  |
| Supervisor/Project Specialist/Tech Rep. or designee Signature |  |  |
|  | | |
|  |  |  |
|  | Date: |  |
| Crew Foreman Signature |  |  |
|  | | |
|  |  |  |
|  | Date: |  |
| Job Crew Signature |  |  |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |
| Job Crew Signature |  |  |