

## Blind Penetration Checklist (Class 2)

### General Information

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

**NOTE:** Before blind penetration activities take place, contact ESQ-Industrial Hygiene (2-3310) and/or ESQ-Health Physics (2-5644) 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)).

### Class 2 Penetration Checklist

Penetration greater than 1 ½ inches into solid or semi-solid material

	Yes	No
Reviewed historical records, engineering plans, and drawings?	<input type="checkbox"/>	<input type="checkbox"/>
Building Manager and Building Maintenance Foreman contacted and project reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
Visually inspected proposed location of penetration?	<input type="checkbox"/>	<input type="checkbox"/>
Checked other side of wall, under floors, or through false ceilings for hazards?	<input type="checkbox"/>	<input type="checkbox"/>
De-energized and locked/tagged out energy sources as required?	<input type="checkbox"/>	<input type="checkbox"/>
Electrical (non-battery operated) tools equipped with GFCI?	<input type="checkbox"/>	<input type="checkbox"/>
Class 0 insulated electrical gloves, with leather over-gloves, rated to a minimum of 1,000 v?	<input type="checkbox"/>	<input type="checkbox"/>
An electrical safety mat or electrical safety footwear rated to a minimum of 1,000 v, when working in damp or wet locations and/or when penetrating floors?	<input type="checkbox"/>	<input type="checkbox"/>
Explain any NO answers: _____		
Checklist completed by: _____	Date: _____	

### Review, Approval, and Authorization

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

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Building Maintenance Foreman

\_\_\_\_\_ Date: \_\_\_\_\_  
Building Manager or designee