

# Stay safe and avoid fines.

CONFINED SPACE AND GRAIN BIN ENTRY



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## CONFINED SPACE AND GRAIN BIN ENTRY

The OSHA Permit Required Confined Spaces standard/rule (29 CFR 1910.146) and V) requires that a permit be completed prior to an employee entering an identified permit required confined space. The OSHA Grain Handling Facilities standard/rule (29 CFR 1910.272) requires that prior to entering a grain bin, the employer either (1) issue an entry permit or (2) be present during the entire entry.

The OSHA Grain Handling Facilities standard does apply to the following industry types and grain storage structures:

### Industry types

- Grain Elevators
- Feed Mills
- Flour Mills
- Rice Mills
- Dust Pelletizing plants
- Dry corn mills
- Soybean flaking
- Dry grinding of soycake

If your company is not in the above industry list then the OSHA Permit Required Confined Space applies.

### Grain storage structures

- Bins
- Silos
- Tanks (grain)
- Other grain storage structures

### Confined space entry structures

- Pits (boot,dump, ect.)
- Tanks (fuel, mineral oil, ect.)
- Vessels
- Hoppers
- Vaults

THE SAMPLE PERMITS PROVIDED ON THE FOLLOWING PAGES CAN BE COPIED OR USED AS A REFERENCE.



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— SAMPLE —

## BIN ENTRY PERMIT

Date issued: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Expires: \_\_\_\_\_ AM/PM  
 Site location: \_\_\_\_\_ Bin or structure to be entered: \_\_\_\_\_  
 Purpose of entry: \_\_\_\_\_ Products stored in bin or structure: \_\_\_\_\_  
 Entrant(s): \_\_\_\_\_ Observer: \_\_\_\_\_

YES

1	All mechanical, electrical, hydraulic, and pneumatic equipment have been disconnected, locked-out and tagged, blocked-off, or otherwise prevented from operating by other equally effective means.
2	<p>Atmospheric testing (when the employer has reason to believe they may be present)</p> <ul style="list-style-type: none"> <li>a. Combustible gases and vapors</li> <li>b. Toxic agents</li> <li>c. Oxygen testing (unless there is continuous natural air movement or continuous forced-air ventilation)</li> </ul> <p><b>Atmospheric checks</b></p> <p>Time ____: ____ _M</p> <p>Oxygen ____ (19.5% - 23.5%)</p> <p>Explosive ____ %LEL (&lt;10%) (if suspected to be present)</p> <p>Toxic ____ PPM (if suspected to be present)</p> <p>Toxic agent present _____</p> <p>Tester's signature _____</p> <p>If any of the above are outside the recommended limits, ventilation shall be provided until the unsafe condition or conditions are eliminated, and shall be continued as long as there is a possibility of recurrence while the structure is occupied. Recheck Atmosphere after ventilation.</p> <p>If toxicity or oxygen deficiency cannot be eliminated by ventilation, shall wear an appropriate respirator.</p> <p><b>"Walking down grain" and similar practices where an employee walks on grain to make it flow within or out from a grain storage structure, or where an employee is on moving grain, are prohibited.</b></p> <p>*If employee enters a grain storage structure from a level at or above the level of the stored grain or grain products, or whenever an employee walks or stands on or in stored grain of a depth which poses an engulfment hazard.</p>
3	Body harness with lifeline, or a boatswain's chair, lifeline positioned to prevent the employee from sinking further than waist-deep in the grain*.
4	Observer, equipped to provide assistance, stationed outside the bin, silo, or tank being entered.
5	Observer trained in rescue procedures, including notification methods for obtaining additional assistance.
6	<p>Communications (visual, voice, or signal line) maintained between the observer and employee entering the bin, silo, or tank.</p> <p>Type _____</p>
7	Equipment for rescue operations which is specifically suited for the bin, silo, or tank being entered on site and available.
8	Area has been checked for bridging conditions, bins, silos, or tanks shall not be entered underneath a bridging condition, or where a buildup of grain products on the sides could fall and bury them.
9	Entrant trained on safe bin entry procedures.

Signature of entry supervisor \_\_\_\_\_

**This permit shall be kept on file until completion of the entry operation**

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## CONFINED SPACE ENTRY PERMIT

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Site Location: \_\_\_\_\_

Job Description: \_\_\_\_\_

**Hazards of the Confined Space:**

O2 deficiency     Explosive/Flammable Atmosphere     Engulfment/Entrapment     Carbon Monoxide (CO)  
 Hydrogen Sulfide (H<sup>2</sup>S)     Other Toxic Chemicals     Electrical     Struck or Caught by     Steam     Liquids     Heat  
 Additional Hazards (explain) \_\_\_\_\_

Requirement/PPE Checklist (enter N/A for items not applicable)		Atmospheric Testing (enter N/A if not applicable)																														
<p><b>Requirements</b></p> <input type="checkbox"/> Lockout/Tagout Completed <input type="checkbox"/> Lines Capped/Broken/Blanked <input type="checkbox"/> Lines Purged/Flushed/Vented <input type="checkbox"/> Ventilation Systems in Use <input type="checkbox"/> Area Secured (posted/flagged) <input type="checkbox"/> Fire Extinguisher available <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> SDS Review of Chemicals to be Used in the confined space	<p><b>PPE</b></p> <input type="checkbox"/> Full Body Harness <input type="checkbox"/> Lifeline attached/anchored <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respirators <input type="checkbox"/> Lighting Provided <input type="checkbox"/> Hoist (emergency removal) <input type="checkbox"/> Non-sparking tools <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA) <input type="checkbox"/> Other _____	<p>Time _____</p> <p>Tester's signature _____</p> <p>Pre-Entry Testing</p> <input type="checkbox"/> Oxygen (O <sub>2</sub> ) - 19.5%-23.5% <input type="checkbox"/> Explosive (LEL) - <10% <input type="checkbox"/> Toxic 1 (ppm) <input type="checkbox"/> Toxic 2 (ppm) <input type="checkbox"/> Toxic 3 (ppm)																														
<p><b>Reclassified to a Non-PRCS</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> NO  Remarks: _____	<p><b>Rescue Services</b></p> <p>Emergency Contact: _____</p> <p>Phone Number: _____</p>	<p><b>Continuous Monitoring</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Yes</td> <td style="text-align: right;"><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Oxygen %</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Explosive %</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Toxic 1 (ppm)</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Toxic 2 (ppm)</td> <td style="text-align: right;">_____ Time</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> Oxygen %</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Explosive %</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Toxic 1 (ppm)</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Toxic 2 (ppm)</td> <td style="text-align: right;">_____ Time</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> Oxygen %</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Explosive %</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Toxic 1 (ppm)</td> <td style="text-align: right;">_____ Time</td> </tr> <tr> <td><input type="checkbox"/> Toxic 2 (ppm)</td> <td style="text-align: right;">_____ Time</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Oxygen %	_____ Time	<input type="checkbox"/> Explosive %	_____ Time	<input type="checkbox"/> Toxic 1 (ppm)	_____ Time	<input type="checkbox"/> Toxic 2 (ppm)	_____ Time			<input type="checkbox"/> Oxygen %	_____ Time	<input type="checkbox"/> Explosive %	_____ Time	<input type="checkbox"/> Toxic 1 (ppm)	_____ Time	<input type="checkbox"/> Toxic 2 (ppm)	_____ Time			<input type="checkbox"/> Oxygen %	_____ Time	<input type="checkbox"/> Explosive %	_____ Time	<input type="checkbox"/> Toxic 1 (ppm)	_____ Time	<input type="checkbox"/> Toxic 2 (ppm)	_____ Time
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<b>Authorized Entrants (MUST SIGN)</b>																																
1	2																															
3	4																															
<b>Dedicated Observer (MUST SIGN)</b>		<b>CSE Entry Supervisor:</b>																														
1	2																															
<b>Permit Cancellation/Expiration (NOTE: Permit good only one shift)</b>																																
Date: _____	Time: _____	Signature: _____																														

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