Stay safe and avoid fines.

CONFINED SPACE AND GRAIN BIN ENTRY
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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.
# 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: __________________________________________________  

## atmospheric checks

1. **Atmospheric testing (when the employer has reason to believe they may be present)**
   - a. Combustible gases and vapors
   - b. Toxic agents
   - c. Oxygen testing (unless there is continuous natural air movement or continuous forced-air ventilation)

<table>
<thead>
<tr>
<th>Time</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>(19.5% – 23.5%)</td>
</tr>
<tr>
<td>Explosive</td>
<td>%LEL (&lt;10%) (if suspected to be present)</td>
</tr>
<tr>
<td>Toxic</td>
<td>PPM (if suspected to be present)</td>
</tr>
</tbody>
</table>

**Tester’s signature** __________________________________________________________________________________

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.

If toxicity or oxygen deficiency cannot be eliminated by ventilation, shall wear an appropriate respirator.

**“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.**

*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.*

2. **Body harness with lifeline, or a boatswain’s chair, lifeline positioned to prevent the employee from sinking further than waist-deep in the grain**.

3. **Observer, equipped to provide assistance, stationed outside the bin, silo, or tank being entered.**

4. **Observer trained in rescue procedures, including notification methods for obtaining additional assistance.**

5. **Communications (visual, voice, or signal line) maintained between the observer and employee entering the bin, silo, or tank.**

6. **Type __________________________________________________________**

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**
**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 (H₂S)  
- ___ Other Toxic Chemicals  
- ___ Electrical  
- ___ Struck or Caught by  
- ___ Steam  
- ___ Liquids  
- ___ Heat  
- ___ Additional Hazards (explain) ___________________________________________________________________________________

**Requirement/PPE Checklist**  
(enter N/A for items not applicable)

<table>
<thead>
<tr>
<th>Requirements</th>
<th>PPE</th>
<th>Atmospheric Testing</th>
<th>(enter N/A if not applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Lockout/Tagout Completed</td>
<td>___ Full Body Harness</td>
<td>Time ___________</td>
<td></td>
</tr>
<tr>
<td>___ Lines Capped/Broken/Blanked</td>
<td>___ Lifeline attached/anchored</td>
<td>Tester’s signature</td>
<td></td>
</tr>
<tr>
<td>___ Lines Purged/Flushed/Vented</td>
<td>___ Protective Clothing</td>
<td>Pre-Entry Testing</td>
<td></td>
</tr>
<tr>
<td>___ Ventilation Systems in Use</td>
<td>___ Respirators</td>
<td>___ Oxygen (O2) - 19.5%-23.5%</td>
<td></td>
</tr>
<tr>
<td>___ Area Secured (posted/flagged)</td>
<td>___ Lighting Provided</td>
<td>___ Explosive (LEL) - &lt;10%</td>
<td></td>
</tr>
<tr>
<td>___ Fire Extinguisher available</td>
<td>___ Hoist (emergency removal)</td>
<td>___ Toxic 1 (ppm)</td>
<td></td>
</tr>
<tr>
<td>___ Hot Work Permit</td>
<td>___ Non-sparking tools</td>
<td>___ Toxic 2 (ppm)</td>
<td></td>
</tr>
<tr>
<td>___ SDS Review of Chemicals to be Used in the confined space</td>
<td>___ Self Contained Breathing Apparatus</td>
<td>___ Toxic 3 (ppm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Other (SCBA)</td>
<td></td>
<td></td>
</tr>
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**Reclassified to a Non-PRCS**

- ___ Yes  
- ___ NO

**Remarks:**

**Rescue Services**

- Emergency Contact: ____________________________________________________________________________

- Phone Number: ______________________________________________________________________________

**Continuous Monitoring**

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**Authorized Entrants** (MUST SIGN)

- 1  2
- 3  4

**Dedicated Observer** (MUST SIGN)

- 1  2

**Permit Cancellation/Expiration** (NOTE: Permit good only one shift)

- Date:  
- Time:  
- Signature:  

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