

## Blind Penetration Checklist (Class 1)

### General Information

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

**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 1 Penetration Checklist

Wall, ceiling, or floor penetration of 1 ½ inches or less in solid or semi-solid material (other than drywall)

	Yes	No
Checked other side of walls, under floors, or through false ceilings for hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Electrical (non-battery operated) tools equipped with GFCIs?	<input type="checkbox"/>	<input type="checkbox"/>
An electrical safety mat or safety footwear rated at 1000 v for damp or wet environments?	<input type="checkbox"/>	<input type="checkbox"/>
Short drill bits used or equipment marked to limit penetration depth?	<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