**Mustererlaubnisschein**

DGUV Regel 113-004 - Anhang 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Objekt/Ort/Arbeitsstelle: | | | | | | | | |  | | | | | | | | |
| Art der Arbeiten: | | | | | | | | |  | | | | | | | | |
| Aufsichtführender: | | | | | | | | |  | | | | | | | | |
| Sicherungsposten: | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1 | | Schutzmaßnahmen gegen Stoffe/Sauerstoffmangel: | | | | | | | | | | | | | | | |
|  | | Objekt ist | | entleert: | | | | | | | nein | | | ja | | | |
|  | |  | | gereinigt: | | | | | | | nein | | | ja | | | |
|  | |  | | gespült mit: | | | | | | | | |  | | | | |
|  | |  | | abgetrennt durch: | | | | | | | | |  | | | | |
|  | | Freimessen: | | | | | |  | | | | |  | | |  | |
|  | | Sofortanzeigegerät: | | | | | | | | | | nein | | | ja | | |
|  | | Typ: |  | | | | | | | | | | | | | | |
|  | | Luftanalyse: | | | | | | | | | | nein | | | ja | Uhrzeit |  |
|  | | Ergebnis: | | |  | | | | | | | | | | | | |
|  | | Lüftung: | | |  | | | | | | | | | | | | |
|  | | Atemschutz erforderlich: | | | | | | | | | | nein | | | ja | Art: |  |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 2 | | Schutzmaßnahmen gegen Absturz | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | | Persönliche Schutzausrüstungen | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | nein | | | ja | System: |  |
|  | | Anschlagpunkt: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3 | | Maßnahmen zur Rettung | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | | Persönliche Schutzausrüstungen | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | nein | | | ja | System: |  |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 4 | | Explosionsschutz-Maßnahmen | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | nein | | | ja | welche: |  |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 5 | | Schutzmaßnahmen gegen elektrische Gefährdung | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | nein | | | ja | welche: |  |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 6 | Schutzmaßnahmen gegen mechanische Gefährdungen | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | nein | | | ja | welche: |  |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7 | Sonstige Schutzmaßnahmen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Festgelegte Schutzmaßnahmen ausgeführt von: | | | | | | | | | | | | | | | |  | | |  | | | | Arbeiten freigegeben von: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Unternehmer oder Aufsichtführender | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Datum: | | | |  | | |  | Uhrzeit: | |  |
| Festgelegte Schutzmaßnahmen zur Kenntnis genommen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  |  | | |  | | | | | |  | | | | | | | | | |
|  | | Unternehmer oder Beauftragter beteiligter Unternehmen | | | | | | | | | | | |  | Sicherungsposten | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Datum: | | | |  | | |  | Uhrzeit: | | | |  | | |  | | |  | | | | | | Datum: | | | | |  |  | Uhrzeit: |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verlängerung der Erlaubnis: | | | | | | | | | | | nein | | ja | | | | | | | | | | | | | | | |  | | | | |
| Erneutes Freimessen: | | | | | | | | | | | nein | | ja | | | | | | | | | | | | | | |  | | | | | |
| Sofortanzeigegerät: | | | | | | | | | | | nein | | ja | | | | | | | | | Typ: | | | | | |  | | | | | |
| Luftanalyse: | | | | | | | | | | | nein | | ja | | | | | | | | | Ergebnis: | | | | | |  | | | | | |
| Sonstige Schutzmaßnahmen wie Nummern 2 - 7: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | Freigabe erteilt von: | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | Sicherungsposten | | | | | | | | | | | | | Unternehmer oder Aufsichtführender | | | | | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | |  | | | |
| Datum: | | | |  |  | | | | Uhrzeit: | | |  | | | Datum: | | |  | | |  | Uhrzeit: |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Unternehmer oder Beauftragter beteiligter Unternehmen | | | | | | | | | | | | |  | | | | | | | | | | Unternehmer oder Beauftragter beteiligter Unternehmen | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Datum: | | | |  | |  | | | | Uhrzeit: | |  | | |  | | | | |  | | | | Datum: | | |  | | |  | Uhrzeit: |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schutzmaßnahmen aufgehoben und Arbeiten beendet: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Datum: | | | |  | |  | | Uhrzeit: | | | |  | | |  | | | | | |  | | | | Datum: | |  | | |  | Uhrzeit: |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sicherungsposten | | | | | | | | | | | | | | |  | | | | | | | | | Unternehmer oder Aufsichtführender | | | | | | | |