**Erlaubnisschein zum Arbeiten in Behältern, Silos und engen Räumen gemäß DGUV-Regel 113-004**

***Hinweis: Dieses Muster kann entsprechend der betrieblichen Verhältnisse und auftretenden Gefährdungen ergänzt oder verkürzt werden***

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| **Betrieb:** |  | | | | | |
| **Behälter/enger Raum:** | | | |  | | |
| **Geplante Arbeiten:** | |  | | | | |
| **Aufsichtsführender:** | | |  | | **Sicherungsposten:** |  |
| Maßnahmen gegen Gefährdungen, die durch die geplante Arbeitsverfahren auftreten, sind zwischen Aufsichtführendem und ausführenden Bereich/Unternehmen gemeinsam abzustimmen (z. B. bei Oberflächenbehandlungen oder Schweißarbeiten) | | | | | | |

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|  | **Vorbereitende Maßnahmen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Information an andere Betriebe | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | | | | |  | | | ja | | | | | |  | | | | | | | | | | | | | |
|  | Behälter enthielt/enthält | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Behälter entleeren | | | | |  | | | | | | nein | | | | | | | | | | |  | | | | | ja | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Behälter spülen/reinigen | | | | | | | | | | | | | | | |  | | | nein | | | | | | | | | | | |  | | | | | ja | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | Behälter abtrennen | | | | | |  | | | | | | | nein | | | | | | | | | | | |  | | | | | ja | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | durch Entfernen von | | | | |  | | | | | | | | | | Passstücken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | durch Setzen von | | |  | | | | | | Blindscheiben | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | durch sonstige Maßnahmen | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Behälter belüften | | | |  | | | | nein | | | | | | | | | | | | |  | | | | | ja | | | | | | | | |  | | | | Art der Lüftung | | | | | | | | | | | | | | | | |  | | | | | | |
|  | Belüftungsanordnung | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Freimessen | |  | nein | | | | | | | | |  | | | | | ja | | | | |  | | | | | | | | mit Gerät Typ | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | Zu messende Stoffe | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | und |
|  | Sauerstoff; Ergebnis | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Behälter desinfizieren/sterilisieren | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | |  | | | ja | | | | | |  | | | | | | | | | | |
|  | Mitarbeiter impfen | | | | |  | | | | | nein | | | | | | | | | | | |  | | | | | ja | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Strahlenquelle entfernen/abschirmen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | |  | | | | | ja | | | |  | | | | | | | |
|  | Festlegungen bezüglich elektromagnetischer Felder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | | |  | | ja |  | |
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|  | Heiz/Kühleinrichtungen außer Betrieb setzen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | | | | | | |  | | | ja | | durch | | | |
|  | ‑ | elektrische Sicherheitsmaßnahmen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | |  | | | | | ja | | | | | | | | | | |
|  |  | Sicherung entfernen | | | | | | | | | | | | | *Unterschrift Elektriker:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | ‑ | Rohrleitungen abtrennen | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | |  | | | | ja | | | |  | | | | | | | | | | | | | | | | | | |

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|  | Mechanische Antriebe sichern | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | | |  | | | | ja | | | | | | | | | | durch | | | | | | | | | | | | |
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|  | ‑ | | | | Reparaturschalter sichern | | | | | | | | | | | | |  | | | | | nein | | | | | | | | | | | | | | | |  | | | | | ja | | | | | | | | *Unterschrift* | | | | | | | | | | |  | | | | |
|  | System gegen unbeabsichtigte Bewegungen sichern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | |  | | Ja | | |
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|  | Ortsfeste elektrische Betriebsmittel sichern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | |  | | | ja | | | | | | | | |
|  | *Unterschrift Elektriker* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Arbeitsumfeld überprüfen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Zugangsmöglichkeiten | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Absturzgefährdung am Behälter | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Maßnahmen gegen Absturz | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ‑ | | | Anschlageinrichtungen festlegen | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ‑ | | | Auffangsystem festlegen | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Maßnahmen gegen Versinken/Verschütten festlegen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | nein | | | |  | | ja | | | |
|  | ‑ | | Siloeinfahreinrichtung | | | | | | | |  | | | | | | nein | | | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | Typ | | | | | | |  | | | | | | | | | | | | | |
|  | ‑ | | andere geeignete Zugangsverfahren | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | | | |  | | | | ja | | | | | |  | | | | | | | |
|  | Zugangsverfahren auswählen | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Maßnahmen zur Rettung festlegen | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | nein | | | | | | | | | | | | | | | |  | | ja | | | | | | | | | | | | | | | | |
|  | ‑ | | Anschlageinrichtungen festlegen | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ‑ | | Rettungssystem festlegen | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Brandschutzmaßnahmen | | | | | | | | | | |  | | | | | | nein | | | | | | | | | | | | |  | | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Schweißarbeiten | | | | | |  | nein | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | wenn ja, gesonderten Schweißerlaubnisschein erstellen! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sonstige Maßnahmen | | | | | | | |  | | | | nein | | | | | | | | | | | | | | |  | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Maßnahmen vor Beginn der Arbeiten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Überprüfung der unter 1 festgelegten Maßnahmen durch den Aufsichtführenden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Einweisung des Sicherungspostens und ggf. des Beauftragten des beteiligten Unternehmens/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Gewerkes | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | Sicht- und Funktionsprüfung der PSA und der Betriebsmittel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSA gegen Absturz | | | | | | | | | | | | | |  | | | | | nein | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Atemschutz | | | | | |  | | | nein | | | | | | | | | | |  | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Luftversorgung | | | | | | |  | | | | nein | | | | | | | | | | | |  | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Flaschen, Gebläse) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSA zum Retten | | | | | | | | |  | | | | | nein | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSA gegen tiefe Temperaturen | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | | | |  | | | | ja | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Chemikalienschutzanzug/Handschuhe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | | | | | | | | | |  | | | | | | | ja | | | | | |  | | | | | | | | | | | | | |
| Ortsveränderliche elektrische Geräte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | nein | | | | | | | | | | | | | | |  | | | | | | | ja | | | | | | |  | | | | | | | | | | | | | | | |
|  | | Lüftung | | |  | nein | | | | | | | | | | |  | | | | | ja | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sonstige Betriebsmittel | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | |  | | | | | | | ja | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Maßnahmen während der Arbeiten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Luftqualität permanent überwachen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | nein | | | | | | | | | | | |  | | | | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gerät |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Lüftungsmaßnahmen entsprechend 1 durchführen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | nein | | | | | | | | | |  | | ja | | | | | | | | | |
| Belüftungsanordnung | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | PSA gegen Gefahrstoffe benutzen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Atemschutz | | | | | |  | | nein | | | | | | | | | | | | |  | | | ja | | | | | | | | | | System | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schutzhandschuhe | | | | | | | | | | | |  | | | | | nein | | | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | Typ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemikalienschutzanzug | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | |  | | | | | | | ja | | | | | | | | | Typ | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Sonstige Maßnahmen | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Maßnahmen gegen Sauerstoffüberschuss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | | | | | | |  | | | | ja | | | | | | | | | | | | | | |
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|  | | Explosionsschutzmaßnahmen | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | | | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zündquellenvermeidung | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | | | | | | | | | | | | | |  | | | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Einzusetzende Geräte/Beleuchtung nach Kategorie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | 2 | | | | | | 3 | | | | IP 54 | | |
| (siehe Anhang 6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sicherheitsabstände festlegen und kennzeichnen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | nein | | | | | | | | | | | | |  | | | ja | | | | | | | |
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| Zusätzliche Maßnahmen bei Beschichtungsarbeiten: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | | | |  | | | ja | | | | |
| Stoffeigenschaften | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Niedrigster Flammpunkt/UEP | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | o C | | | | | | | | | | | | | | | | | | Entzündbar | | | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | |  | ja |
| Höchste Raumtemperatur während der Arbeiten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | o C | | | | | | | | | | | | | | | | |
| Verbrauchsmenge: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | l/h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Davon | |  | | | | | | | | | | | | Liter Lösemittel, das entspricht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | kg/h | | | |

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|  | Bereits vorhandene Lüftung ausreichend | | | | | | | | | | | | | | | | | | | | | | | |  | ja | | | | | | | | | |  | | | | nein | | | | | | | | | | | | | | |
| Zulüfter: | | | | | |  | | | mit jeweils | | | | |  | | | | | | | | | | | | | | | | | | m3/h | | | | | | | | | | | | | | | | | | | | | |
|  | Klimageräte: | | | | | |  | | | mit jeweils | | | | |  | | | | | | | | | | | | | | | | | | m3/h | | | | | | | | | | | | | | | | | | | | | |
|  | Anlüfter: | | | | | |  | | | mit jeweils | | | | |  | | | | | | | | | | | | | | | | | | m3/h | | | | | | | | | | | | | | | | | | | | | |
|  | Besondere Hygiene-Maßnahmen | | | | | | | | | | | | | | | |  | | | | nein | | | | | | |  | | | | ja | | | | | | | | | | | | | | | | | | | | | | |
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|  | Strahlenquellen sichern | | | | | | | | | | |  | | nein | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Festlegungen zu elektromagnetischen Feldern | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | | | | | | |  | | ja | | | | | | | | | | |
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|  | Festlegungen zu hohen oder tiefen Temperaturen | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | nein | | | | | | | |  | | | ja | | | | | | | | |
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|  | Festlegungen zum Materialtransport | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | |  | | | | | ja | | | | | | | | | | | | | | | | | | | |
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|  | Festlegungen zur Benutzung von elektrischen Geräten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | | | | | |  | | ja | | | |
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| ‑ | bei Räumen mit begrenzter Bewegungsfreiheit Benutzung der folgenden Schutzsysteme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ‑ | in sonstigen Räumen folgende Schutzsysteme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | | | | | |  | | | ja | | | | | | |
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|  | Benutzung der Siloeinfahreinrichtungen oder anderen Maßnahmen gegen Versinken/Verschütten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Festlegungen zur unter 1 festgelegten PSA zum Retten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | nein | | | | | | | |  | | ja | | |
| Permanente Verbindung zwischen Gurt und Rettungshubgerät | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | nein | | | | | |  | ja |
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| Bei nein: äquivalente Maßnahmen | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Sonstige Maßnahmen | | | | | | | | | |  | | nein | | | | | |  | | | ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | **Freigabe** | | | | | | | | | | | |
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|  | Alle Maßnahmen ausgeführt, Arbeiten freigegeben | | Datum: | |  | | Uhrzeit: | |  | | | |
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|  |  | | **Unterschrift Aufsichtführender** | | | | | | | | | |
|  | Festgelegte Maßnahmen zur Kenntnis genommen | | Datum: | |  | | Uhrzeit: |  | | | | |
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|  |  | | **Unterschrift Sicherungsposten** | | | | | | | | | |
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|  | **Unterschrift Unternehmer bzw. Beauftragter beteiligter Unternehmen/Gewerke** | | | | | | | | | | | |
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|  | **Verlängerung der Freigabe** | | | | | |  | | | |  |  |
|  | **Verlängerung** erteilt bis Aufsichtführender | **Erneutes Freimessen** nach …….. Std. | | **Ergebnis** | | **Unterschrift** Sicherungsposten | | | | **Unterschrift** Beteiligte Firmen/Gewerke | | |
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|  | **Ablösung des Sicherungspostens** | | | | | | |  | |  |  |
|  | **Übergabe** Sicherungsposten | | **Datum/Uhrzeit** | | **Ablösender Posten** | | | | **Bemerkungen** | | |
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|  | **Beendigung der Arbeiten/Aufhebung der Freigabe** | | | | | | | | | | |
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|  | Alle Maßnahmen aufgehoben, Arbeiten beendet | | | | | | |  | |  |  |
|  | Datum |  | |  | | Uhrzeit |  | | | | |
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|  | Unterschrift Aufsichtführender | | |  | | Unterschrift Sicherungsposten | | | | | |