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|  | **(Muster) Erlaubnisschein „Tankbeschichtung“** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Firma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Objekt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ort/Liegeplatz: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | *Hochglanz GmbH* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tank: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Art der **Arbeit**en: | | | | | | | | | | | | | | | | Farbspritzarbeiten | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | | | | | | | | Malerarbeiten | | | | | | | | | | | | | | | | | ⬜ | | | | | …………………. | | | | | | | | | | | | | ⬜ | | |  |
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|  | ⬜ | | | Die Arbeiten sind vom Auftraggeber freigegeben, auch finden keine heißen Arbeiten während der  Beschichtungsarbeiten am und in der Nähe des Tanks statt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Freigabe erteilt am: | | | | | | | | | | | | | | | | | | | | | | | | um Uhr | | | | | | | |  |
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|  | Anzahl der **Zugangsöffnung**en: ………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Art: | | | | | | | | | | Mannloch | | | | | | | | | ⬜ | | | | | | ………………………………...... | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | |  |
|  | Die Arbeiten finden statt am/vom ………………. bis ………………. (jeweils) in der | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | ⬜ | | | | Frühschicht | | | | | | | | | | | | | | Aufsichtführender ………………………………………….…….. Sicherheitsposten benannt ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ |  |
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|  | | | Die Arbeiten werden darin von …… Personen ausgeführt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Diese sind unterwiesen | | | | | | | | | | | | | | | | | | | | | | | ⬜ |  |
|  | | Welche **Produkt**e werden eingebracht? ……………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Verbrauchsmenge: …………… Liter/h Davon sind ………Liter Lösemittel, das entspricht ………………….kg/h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Niedrigster Flammpunkt/UEP …………. °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Höchste Raumtemp. während der Arbeiten ……. °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Arbeitsplatzgrenzwert …………ppm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gefahr von Hautresorption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ja | | | | ⬜ | | | | | nein | | | | | | | ⬜ | | | | | |  |
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|  | | | Bereits vorhandene **Lüftung** ist | | | | | | | | | | | | | | | | | | | | | | | | | | Zulüfter | | | | | | | | | | | | | | | | | | | ⬜ | | | Zahl: ………………. mit jeweils …………………. m3/h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | wenn nein, es werden benötigt: | | | | | | | | | | | | | | | | | | | | | | | | | | Ablüfter | | | | | | | | | | | | | | | | | | | ⬜ | | | Zahl: ……………… mit jeweils …………………. m3/h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | **Messung** für Ex- Schutz erforderlich: | | | | | | | | | | | | | | | | | | | Messwert: | | | | | | | | | | | | | | | | Gemessen von:  am:  um: Uhr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Soweit erforderlich sind Ergebnisse von Wiederholungsmessungen rückseitig zu dokumentieren. | | | | | | | | | | | | | | | | | | | |  |
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|  | | **Explosion**sgefährdeter Bereich | | | | | | | | | | | | | | | | | | | | | | | | | nein | | | | | ⬜ | | | | | | ja | | | | | ⬜ | | | | | | | | wenn ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Einzusetzende Geräte/Beleuchtung nach Kategorie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | ⬜ | | | | | | 2 | | | ⬜ | | | | | | 3 | | ⬜ | | IP 54 | | | | ⬜ |
|  | | Wenn Raumbeleuchtung vorhanden, ist diese wirksam unterbrochen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ja | | | | ⬜ |
|  | | Sicherheitsabstände durch Warnzeichen, Flatterband etc. gekennzeichnet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ja | | | | ⬜ |  |
|  | | **Atemschutz** erforderlich | | | | | | | | | | | | | | | | | | | | | | | Umluftunabhängig | | | | | | | | | | | | | | | | | | | ⬜ | | | | | Wenn | | | | | | | | | | | | Vollmaske | | | | | | | | | ⬜ | | | | | | | | Halbmaske | | | | | | | | ⬜ | | | |  |
|  | | nein | | | | ⬜ | | | ja | | | ⬜ | | | | wenn ja: | | | | | | | | | Umluftabhängig | | | | | | | | | | | | | | | | | | | ⬜ | | | | | umluftabhängig: | | | | | | | | | | | | mit dem Filter: ……………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Brand**gefahr nein | | | | | | | | | | | | | | | | ⬜ | | | | ja | | ⬜ | | | Wenn ja: Feuerlöscher ………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anzahl: ……………… | | | | | | | | | |  |
|  | | | Weitere  erforderliche Schutzmaßnahmen | | | | | | | gegen Absturz: | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | | | | nein | | | | | | | | | | | | | ⬜ | | | | ja | | | | welche: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | gegen elektr. Gefahren: | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | | | | nein | | | | | | | | | | | | | ⬜ | | | | ja | | | | welche: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Festgelegte Schutzmaßnahmen ausgeführt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | | | ja | | | | | | | ⬜ | nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | ⬜ | | Arbeiten freigegeben am ………………….. um ………………Uhr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | Kopie an: ………………………… | | | | | | | | | | | | | | | | | | |  |
|  | | | ⬜ | | Erlaubnis gilt bis: ……………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
| (Unternehmer oder Beauftragter) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | | *Zustreffendes ankreuzen* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |