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|  | **(Muster) Erlaubnisschein „Tankreinigung“** (ohne Verspritzen von Reinigungsflüssigkeiten) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Firma | | | | | | | | | | | | | | | | | | | | | | Objekt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ort/Liegeplatz: | | | | | | | | | | | | | | | | | | | | | |  |
|  | *Sauber GmbH* | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tank: | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Art der **Arbeit**en: | | | | | | | | | | Komplette Reinigung | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | | | | Örtliche Reinigung | | | | | | | | | | | | | | | | | ⬜ | | | | | …………………. | | | | | | | | | | ⬜ | | |  |
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|  | ⬜ | | | | Die Arbeiten sind vom Auftraggeber schriftlich freigegeben | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Freigabe erteilt am: | | | | | | | | | | | | | | | | | | | | | um …….. Uhr | | | | | |  |
|  | ⬜ | | | | Es finden keine heißen Arbeiten während der Reinigung  am und in der Nähe des Tanks statt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | durch: | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ |  |
|  | | | ⬜ | | | | Spätschicht | | | | | | | Aufsichtführender ………………………………………….…….. Sicherheitsposten benannt ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ |  |
|  | | | ⬜ | | | | Nachtschicht | | | | | | | Aufsichtführender ………………………………………….…….. Sicherheitsposten benannt ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ⬜ |  |
|  | | | Die Arbeiten werden darin von …… Personen ausgeführt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Diese sind unterwiesen | | | | | | | | | | | | | | | | | | | ⬜ |  |
|  | | Welche Stoffe sind/waren im Tank? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ätzend | | | | | | | giftig | | | | | | | brennbar | | | | | | | | FP/UEP °C | | | | sonst. Gef. | | | |  |
|  | | | ⬜ | | | | Schweröl | | | | | ⬜ | | | | Dieselöl | | | | | | ⬜ | | | | | ……………………….. | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | |  | | | |  |
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|  | | | ⬜ | | | | Lüftungsmaßnahmen: ………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | *Freimessen ist vor Beginn der Arbeiten im Tank* ***immer*** *durch eine fachkundige Person erforderlich!* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Soweit erforderlich sind Ergebnisse von Wiederholungsmessungen rückseitig zu dokumentieren. | | | | | | | | | | | | | | | |  |
|  | | Ergebnis: | | | | | | | ⬜ | Kein Sauerstoffmangel (20,9 %) | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | Frei von explosiblen Gasen | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | ⬜ | ………………………………………………………………………………... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Die Messung führte …………………………………… am …………………….. um ………………………….. Uhr durch. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Auffälligkeiten im Tank festgestellt: | | | | | | | | | | | | | | | | | | ⬜ | | | | nein | | | | | | | | | | | | ⬜ | | ja | | | | Wenn ja, welche: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Zusätzlich zu treffende Schutzmaßnahmen: ………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Zündschutzmaßnahmen erforderlich? | | | | | | | | | | | | | | | | | | | | | | | Wenn ja: | | | | | | | | | | | Geräte | | | | | | | | Kategorie: 1 | | | | | | | | | | ⬜ | | | 2 | | | | ⬜ | | | | 3 | | | ⬜ | IP 54 | | | ⬜ |  |
|  | | | ⬜ | | | | nein | | | | | | ⬜ | | | ja | | | | | | | | | |  | | | | | | | | | | | Leuchten | | | | | | | | Kategorie: 1 | | | | | | | | | | ⬜ | | |  | | | | ⬜ | | | | 3 | | | ⬜ | IP 54 | | | ⬜ |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | Wenn umluftabhängig | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Atemschutz** erforderlich? | | | | | | | | | | | | | | | | | | | | | | | | ⬜ | | | | Umluftunabhängig | | | | | | | | | | | | | | | ⬜ | | | | Vollmaske | | | | | | | | | | | | | | | | ⬜ | | Halbmaske | | | | | | |
|  | | |  | ⬜ | | | | nein | | ⬜ | | | | ja | | | wenn ja: | | | | | | | | | ⬜ | | | | Umluftabhängig | | | | | | | | | | | | | | | mit Filter: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Brand**gefahr nein | | | | | | | | | | ⬜ | | | ja | | | ⬜ | Wenn ja: Feuerlöscher ………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anzahl: ……………… | | | | | | | | | | | | | |  |
|  | | | Weitere  erforderliche Schutzmaßnahmen | | | | | | gegen Absturz: | | | | | | | | | | | | | | | | | | ⬜ | | | | | | nein | | | | | | | | | | ⬜ | | | | | ja | | | welche: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | zur Rettung: | | | | | | | | | | | | | | | | | | ⬜ | | | | | | nein | | | | | | | | | | ⬜ | | | | | ja | | | welche: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | gegen elektr. Gefahren: | | | | | | | | | | | | | | | | | | ⬜ | | | | | | nein | | | | | | | | | | ⬜ | | | | | ja | | | welche: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | gegen Hautresorption: | | | | | | | | | | | | | | | | | | ⬜ | | | | | | nein | | | | | | | | | | ⬜ | | | | | ja | | | welche: ……………………………………. | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | sonstige: ………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | 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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|  | | | ⬜ | | | Die Arbeiten sind beendet, es bestehen keine Gefahren mehr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| (Aufsichtführender) | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Kopie erhält: | | | | | | | ⬜ | | Auftraggeber | | | | | | | | | | ⬜ | | | | ………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | *Zustreffendes ankreuzen* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |