



**When to Use
This Form**

This form is to be used in conjunction with procedure P-192.749 whenever a Vault Inspection or Maintenance is performed.

**Reviewed
Procedures**

P-192.749 *Vault Inspection*

The applicable sections of the above procedure(s) shall be reviewed prior to completing this form.

**OQ Covered
Task**

1351 Vault Inspection and Maintenance

Once each calendar year not to exceed 15 months



District:		System Name:	
Safety Precautions:			
<input type="checkbox"/> Motor vehicle shut off in vicinity of vault	<input type="checkbox"/> Lighting		
<input type="checkbox"/> Dry Chemical Fire Extinguisher	<input type="checkbox"/> CGI (Probe inserted into Vault)		
<input type="checkbox"/> Safety Harnesses	<input type="checkbox"/> Area Checked for Hazards		
<input type="checkbox"/> Breathing Apparatus	<input type="checkbox"/> Minimum 2 People		
<input type="checkbox"/> Complete Confined Space Entry			
O2 (>19.5 but <23.5%) <input type="checkbox"/>		If combustibles are in excess of 60% LEL DO NOT ENTER	
Personal Protective Equipment PPE :			
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Goggles	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Hard Hats	<input type="checkbox"/> Gloves	<input type="checkbox"/> Protective Boots	
Ladder Condition:		Interior Condition:	Wall Condition:
Piping Condition (flanges, pipe, fittings):			
Please enter any information of concern:			
Condition of Right of Way:			
AOC Found:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Completed by:		Date:	
Supervisor:		Date:	