**ANEXO 1**

**PERMISO PARA INGRESO A ESPACIOS CONFINADOS – PETAR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Descripción: Nuevo logotipo de Buenaventura (fondo transparente) (1)**PERMISO PARA INGRESO A ESPACIOS CONFINADOS**  **FE-COR-SIB-09.01-01**  **V-01** | | | | | | | | | | | | | | | | | |
| **Área:** | | | | | | **Lugar:** | | | | | | | | **Fecha:** | | | |
| **Hora Inicio:** | | | | | | **Hora Final:** | | | | | | | | **Número:** | | | |
| **Descripción del Trabajo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
| **Procedimiento/Plan de Trabajo:**  1.  2.  3.  4.  5.  6.  7. | | | | | | | | | | | | | | | | | |
| **Responsables del Trabajo / Personal Autorizado:** | | | | | | | | | | | | | | | | | |
| **Ocupación**  1.  2.  3.  4. | | | **Nombres y Apellidos**  1.  2.  3.  4. | | | | | | | | | | **Firma Inicio**  1.  2.  3.  4. | | **Firma Término**  1.  2.  3.  4. | **I** | **V** |
| **Monitoreo Atmosférico** | | | | | | | | | | | **Precauciones de Seguridad** | | | | | **√/X/N.A.** | |
| **Gas** | **LMP** | **√ / X / N.A.** | | | | | | | | |
| **1** | | **2** | **3** | | **4** | | **5** | **6** | Bloqueado ingreso de gases, sólidos, líquidos | | | | |  | |
| O2 | 19.5% - 22.5% |  | |  |  | |  | |  |  | Bloqueado todo comando externo | | | | |  | |
| CO | 25 ppm |  | |  |  | |  | |  |  | Materiales peligrosos retirados | | | | |  | |
| NO | 25 ppm |  | |  |  | |  | |  |  | Monitoreo atmosférico continuo instalado | | | | |  | |
| NO2 | (3 – 5) ppm |  | |  |  | |  | |  |  | Ventilación forzada instalada | | | | |  | |
| H2S | 10 ppm/15ppm |  | |  |  | |  | |  |  | Iluminación instalada | | | | |  | |
| SO2 | 2 ppm/5 ppm |  | |  |  | |  | |  |  | Equipo de comunicaciones distribuido | | | | |  | |
| LIE | 5%-15% (CH4) |  | |  |  | |  | |  |  | Charlas de 5min de Seguridad | | | | |  | |
| Otros |  |  | |  |  | |  | |  |  | Otros: | | | | |  | |
| **Equipo de Protección Personal Requerido** | | | | | | | | **√/X/N.A.** | | | **Herramientas, Equipos y Material** | | | | | **√/ X/N.A.** | |
| Casco con Carrilera | | | | | | | |  | | | Equipos SCBA | | | | |  | |
| Mameluco | | | | | | | |  | | | Equipos de Rescate | | | | |  | |
| Guantes de Jebe u otro | | | | | | | |  | | | Trípode de Izaje | | | | |  | |
| Botas de seguridad de jebe | | | | | | | |  | | | Extintores | | | | |  | |
| Respirador C/Gases, Polvo | | | | | | | |  | | | Primeros Auxilios | | | | |  | |
| Protección Visual / Lentes de seguridad | | | | | | | |  | | | Barricadas, cintas, avisos | | | | |  | |
| Arnés de Seguridad y Línea de Vida | | | | | | | |  | | | Otros: | | | | |  | |
| Correa para Lámpara | | | | | | | |  | | | Otros: | | | | |  | |
| Morral de Lona | | | | | | | |  | | | Otros: | | | | |  | |
| Protección auditiva | | | | | | | |  | | | Otros: | | | | |  | |
| Otros: | | | | | | | |  | | | Otros: | | | | |  | |
| Otros: | | | | | | | |  | | | Otros: | | | | |  | |
| **Autorizado por:**  Ingeniero Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha: / / Inicio: / / Fin: / / | | | | | | | | | | | | **Autorizado por:**  Superintendente/Jefe de Área  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha: / / | | | | | |
|  | | | | | | | | | | | |  | | | | | |