



**GAS TRANSMISSION AND DISTRIBUTION  
PIPING SYSTEMS WORK PROCEDURE  
BERGEN COUNTY UTILITIES AUTHORITY**

**CHECKLIST**

Permit # \_\_\_\_\_ Date \_\_\_\_\_ Area \_\_\_\_\_ Nature of job \_\_\_\_\_

**OPENING PROCEDURES**

- |  |            |          |
|--|------------|----------|
| 1. Procedure reviewed with work crew?  | YES        | NO       |
| 2. Valves closed and locked/tagged?  | YES        | NO       |
| 3. Area barricaded and properly signed?  | YES        | NO       |
| 4. Additional ventilation fans provided if working indoors?                                    | YES        | NO       |
| 5. Atmosphere monitored by _____   |            |          |
| 6. Possible gases involved? _____ ceiling level? _____ meter type (to measure gas)? _____      |            |          |
| 8. Respirator required?  | YES        | NO       |
| 9. Purging agent such as Nitrogen used?<br>If Yes, Oxygen readings must be taken (above 19.5%) | YES        | NO       |
| 10. Spark producing activities regulated?  | YES        | NO       |
| 11. Fire extinguisher available?<br>Fire suppression system in service (if applicable)?        | YES<br>YES | NO<br>NO |
| 12. For Hot Work:<br>Floors wetted down if applicable?<br>Is line purging necessary?           | YES<br>YES | NO<br>NO |

**CLOSING PROCEDURES**

- |   |     |    |
|---|-----|----|
| 1. Lines properly closed?                             | YES | NO |
| 2. Valves opened, area checked for leaks with meters? | YES | NO |
| 3. Locks, tags, signs and barricades removed?         | YES | NO |
| 4. Fire watch established, if necessary?              | YES | NO |
| Watcher _____ Time _____                              |     |    |

CHECKLIST FILLED OUT BY \_\_\_\_\_