(Your Plant Name)
Permit for Compressed Air Usage/Disconnect

To: Engineering Department Date: _____

From:_____Department:_____

Job Number:_____ Work Order Number:_____

Job Title:_____

___Essential/Instrument Air ___Mill Air

Location of Tie-in and Size of Tap

Intended Use of Compressed Air/Reason for disconnect

Duration of application: _____Hours ____Days____ Permanent

Energy Cost Calculations:

Pressure_____ Flow:_____ Duration of Use:_____ Minutes/Hours/Days/Year

Current Power Cost ____Cents per KW/H

Example:

One horsepower = .7457 Kilowatts

One work year = 24hrs/day x 365 days/year = 8,760 hours/year

8,760 hours per year x .7457 kw = 6,532 kw/hp/year

6,532 kw/hp/year x $0.06/kwh = $391.92 per year per horsepower

Since (Your Plant Name)'s compressor system is water cooled (or air cooled), multiply $391.92 x 1.7 (factor for air cooled is 1.4) (which reflects costs associated with cooling tower fans, chilled water transfer pumps, maintenance and associated operating costs) = $666.26 per horsepower per year

JOB SPECIFIC FIGURES

1. Job work time per year: ___hrs/day x ____days per year = _____hours per year
2. ____hrs per year x .7457 kw/hp = _____kw/hp/year
3. ____kw/hp/year x $____ per kw/h current local utility electrical cost = raw motor horsepower cost of ____/hp/year
4. ____/hp/year x 1.7(1.4 for air cooled) =_____ overall operational cost/year
5. ____Compressor HP/ CFM per HP/(3.8 for centrifugals, 4.0 for oil free screws, 4.5 for oil flooded screws)=_____HP x _____overall operational cost per year = (place figure below)
6. Net energy cost/savings per year for this job $_____

Additional Comments

APPROVALS:

Approved____ Disapproved ____ By:_____
Area Production Supervisor/Date

Approved____ Disapproved ____ By:_____
Area Maintenance Superintendent/Date

Approved ____ Disapproved ____ By:_____
Engineering Manager/Date

Approved ____ Disapproved ____ By:_____
Safety Manager/Date

Approved ____ Disapproved ____ By:_____
Plant Manager/Date

Distribution:

Original to Engineering

Copy to: Requester
Area Production Supervisor
Area Maintenance Superintendent
Safety Manager

NOTE: This form is required for any tap into any compressed air line or to draw hose from the store room. No work will commence until all approvals have been signed and dated and filed with the Work Order Failure to follow this procedure before tieing into any air line will be deemed cause for termination of employment.

Each area will keep a copy of this form for record.

Store Room approval for the issue of ____ feet of _____diameter hose:

_____Approved by _____

____ NOT Approved _____

(Your Plant Name)

EMPLOYEE COMPRESSED AIR POLICY ACKNOWLEDGEMENT

I, _____, Employee Number _____,

acknowledge that I have been informed of and fully understand the compressed air utilization policy and procedures in place in this facility and agree to diligently abide by those procedures.

I further acknowledge that failure to follow those procedures can result in various
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administrative sanctions up to immediate termination of employment.

Date:_____

Signature: _____

Print Name: _____

Witness: _____

Print Name: _____

Witness: _____

Print Name: _____

This form shall be completed for every employee. A copy will be placed in the employee's file and a duplicate kept in the Plant Safety Office.