

Safe Work Permit

Permit Number: _____

Date:	Location/Unit:	Equipment/Line ID:	EMERGENCY CONTACT (radio channel or phone number):	
Time Issued:	Date/Time Expires:	<input type="checkbox"/> Permit Extended	Date/Time Extended to:	Date/Time Work Completed:

Description of work to be performed:				
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Hazard Assessment (Check Box if Present)		
Potential Materials / Chemicals / Toxins <small>(MSDS to be made available upon request)</small>		
<input type="checkbox"/> NGL / HVL	<input type="checkbox"/> Crude Oil	<input type="checkbox"/> H2S
<input type="checkbox"/> CO	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Mercury
<input type="checkbox"/> Acid / Caustic	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Refined products	<input type="checkbox"/> Nitrogen	<input type="checkbox"/> Benzene
<input type="checkbox"/> NORM (????)	<input type="checkbox"/> Lead	
<input type="checkbox"/> Other:		
Potential Forms of Hazardous Energy <small>If any are checked, (LOTO)</small>		
<input type="checkbox"/> Electrical < 600 volts	<input type="checkbox"/> Electrical ≥ 600 volts	<input type="checkbox"/> Fluids & gases
<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Steam	<input type="checkbox"/> Pressure
<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Radiation
<input type="checkbox"/> Other:		
Physical Hazards		
<input type="checkbox"/> Overhead work	<input type="checkbox"/> Heat / cold	<input type="checkbox"/> Electrical
<input type="checkbox"/> Rotating equipment	<input type="checkbox"/> Pinch points	<input type="checkbox"/> Walking / working surfaces
<input type="checkbox"/> Power tools	<input type="checkbox"/> High traffic area	<input type="checkbox"/> Vehicles / heavy equipment
<input type="checkbox"/> Corrosives	<input type="checkbox"/> Fall potential	<input type="checkbox"/> Overhead power-lines
<input type="checkbox"/> Noise	<input type="checkbox"/> Lifting / rigging	<input type="checkbox"/> Underground utility
<input type="checkbox"/> Poor lightning	<input type="checkbox"/> Severe weather	<input type="checkbox"/> Working over water
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Opening of process pipe and / or equipment	
<input type="checkbox"/> Other:		

Does the work involve the use of non-intrinsically safe tools or equipment in a classified area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, complete atmospheric monitoring section

Required PPE		
Mandatory minimum PPE <small>Hard hat, FRC, safety glasses and safety-toed footwear</small>		
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Arc flash gear	<input type="checkbox"/> Boots - rubber
<input type="checkbox"/> Gloves - leather	<input type="checkbox"/> Tyvek / chemical suit	<input type="checkbox"/> Acid suit
<input type="checkbox"/> Harness w/lanyard	<input type="checkbox"/> Splash apron	<input type="checkbox"/> Slicker suit
<input type="checkbox"/> Harness w/life line	<input type="checkbox"/> Goggles	<input type="checkbox"/> Flotation device
<input type="checkbox"/> Respirator - APR	<input type="checkbox"/> Chemical gloves	<input type="checkbox"/> Personal monitor
<input type="checkbox"/> Supplied-air respirator	<input type="checkbox"/> Face shield	<input type="checkbox"/> High visibility vest
<input type="checkbox"/> Other(s):		

Safety Precautions		
<input type="checkbox"/> <u>LOTO verified</u>	<input type="checkbox"/> Ladder tie-off	<input type="checkbox"/> Barricade(s)
<input type="checkbox"/> GFCI(s)	<input type="checkbox"/> Spill containment	<input type="checkbox"/> Warning signs
<input type="checkbox"/> Attendant / Hole watch	<input type="checkbox"/> Other:	

Confined Space		
<input type="checkbox"/> NA		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the work require entry into a confined space? If YES, Confined Space Permit required.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the space been re-classified by removing potential hazards?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If reclassified to non-permit, has the reclassification been verified and is the space still hazard free? (required daily)	

Trench / Excavation		
<input type="checkbox"/> NA		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the work involve an excavation or trench? If YES, Ground Disturbance (Excavation) Permit required.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a Daily Excavation Checklist been completed?	

Atmospheric Monitoring			
<small>(Subsequent monitoring results will be recorded on back of Field Copy)</small>			
<input type="checkbox"/> Initial only	<input type="checkbox"/> Periodic	<input type="checkbox"/> Continuous	<small>(Check only one)</small>
Document atmospheric readings every: _____ hours _____ minutes			
Monitor type:		Serial number:	
Calibration date:		Calibrated by:	
Function / bump test: <input type="checkbox"/> Yes		Tested by:	
Initial test for:	Results	Time tested	Initials of tester
<input type="checkbox"/> Oxygen			
<input type="checkbox"/> LEL			
<input type="checkbox"/> H ₂ S			
<input type="checkbox"/> CO			
<input type="checkbox"/> Mercury			
<input type="checkbox"/> Other:			

Hot Work	
<small>(Fire watch and periodic or continuous air monitoring required)</small>	
Nature of Work:	<input type="checkbox"/> Welding <input type="checkbox"/> Cutting <input type="checkbox"/> Grinding
<input type="checkbox"/> Other spark/flame producing activities:	_____
<input type="checkbox"/> Control center/room notified? Contact:	_____
<input type="checkbox"/> Air monitored within 35 ft. of hot work? (include above and below)	
<input type="checkbox"/> Equipment LEL 0 - 10% (>0% requires Supervisor and Safety approval with continuous monitoring.	
<input type="checkbox"/> All openings protected? (e.g. sumps, drains, sewers etc...)	
<input type="checkbox"/> All combustible material moved 45 ft. away, covered and/or wetted?	
<input type="checkbox"/> Fire extinguisher(s) available?	
<input type="checkbox"/> Fire Watch dedicated?	
<input type="checkbox"/> Fire watch assigned for ½ hour after work completed?	

Approvals		
Title	Print Name	Signature
Authorized Representative:		
Contract/Maintenance Rep:		

Comments:	

