



SAFE WORK IDENTIFICATION *Permit to be initiated by Authorized Mosaic Supervisor or Designee*

Identification	Facility:		Duration	Valid 1 shift - 12 hrs max		Work	Est water depth:	
	Area/Location:			Date:			Issued To:	
	Permit Originator:			Start Time:			Work To Be Performed:	
			End Time:					

- Type of Work to Be Performed:**
- Gypsum Work Near Water Earth Work Near Water
- Equipment Work Near Water Persons Entering Water Water Craft Operation
- Other Work Near Water (list)

		Y	N	NA
<input type="checkbox"/> Gyp, Earth Work or Equipment Near Water	1. Designated Safety Spotter identified for Gyp or Earth Work? List Name(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Water safety Condition Inspection Form completed for all pieces of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Personal Flotation Devices Available and Worn by equipment operators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Life ring or equivalent with 90 feet of rope attached on each piece of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Open cab equipment used or doors secured open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Glass breaker and seat belt cutter available in cab of all equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. All personnel have received Water Safety Hazard Training or Water Safety Operator Training as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Hazard Assessment conducted on ground conditions in work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Escape plan reviewed and communications device is operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List additional precautions or comments:				

<input type="checkbox"/> Persons Entering Water (2' + High Flow)	1. All personnel have received Water Safety Hazard Training as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Person entering water wearing PFDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Designated Safety Spotter in place with type IV PFD and 90 feet of rope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	List Spotter(s) name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Water depth and flow velocity is within acceptable entry guidelines? (See Water safety Program requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List additional precautions or comments:				

<input type="checkbox"/> Water Craft Entering Water	1. Water craft is appropriate type for task and is properly licensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Designated Spotter in place if water craft has only one occupant? List Spotter(s) name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. All water craft occupants are wearing PFDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Water craft has been inspected prior to use with documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. List additional precautions and comments:			

<input type="checkbox"/> Other Work Near Water	1. Identify Work to be done:			
	2. Mosaic Water Safety Program reviewed and safe procedures established for this work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. List additional precautions, comments and Designated safety Spotter(s) name if required:			



Water Safety Work Permit

PERMIT No. _____

PERMIT APPROVAL

Our signatures below mean that we have verified that all precautions have been completed as listed on this permit.

Authorized Mosaic Supervisor or Designee

Work Group Representative

Print name

Signature

Print name

Signature

Does the Matrix for Final Safety Approval require additional approvals for work to be performed under this Permit Yes No

If Yes, the Authorized Mosaic Supervisor or Designee is responsible for obtaining approval prior to commencing work:

Verbal In person

Final Approval per the Approval Matrix

Time

Audit Conducted for Permitted Work with a Duration of More than 4 Hours Yes No

Per Water Safety Program an Audit Must be Conducted on Water Safety Permits when the job duration exceeds 4 Hours

Name of Person who Conducted Job/Permit Audit

Time

PERSONS PERFORMING WORK *I have reviewed this permit and understand all precautions required. (Section to be completed by Workers)*

<u>Print Name</u>	<u>Initial</u>	<u>Dept.</u>	<u>Print Name</u>	<u>Initial</u>	<u>Dept.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WORK COMPLETE *Section to be completed by a Work Group Representative and returned to permit issuer*

WORK COMPLETED Yes No ANY HAZARDOUS CONDITIONS ENCOUNTERED Yes No

Comments:

Work Group Representative: _____ Print name _____ Signature _____

Mobile Equipment Escape Guidelines and Review

1. Review emergency procedures with the Spotter before starting to operate equipment within 50' of an embankment around water
2. Perform final inspection of PFD, assure understanding of how to inflate the PFD
3. Perform final inspection of exits (doors)
4. Make sure cab doors are secured open
5. Identify location of window breaking tool, inspect cutting edge for possible use on seat belt
6. Identify location where Spotter will be positioned
7. Should the equipment begin to slide into the water, lower the blade to the lowest setting and shut off the engine
8. Stay firmly positioned in the seat
9. Only release seat belt once the equipment has stopped moving
10. Use seat belt cutter if required to free seat belt
11. Exit the cab to the highest side
12. If submerged look for light around the roof of the cab, look for direction of air bubbles
13. After exiting cab Completely activate the PFD by pulling on the draw handle
14. If the machine offers support above the water, stay on the roof of the machine, blow whistle to gain Spotter attention
15. If machine is submerged use PFD/ Life ring and swim to shore, blow whistle to gain Spotter attention
16. Stay Calm