



SAFE WORK PERMIT

PERMIT No. _____

SAFE WORK IDENTIFICATION

Section to be completed by Equipment Owner Representative

Identification	Area/Location:	Duration	Valid 1 shift - 12 hrs max		Work	Area Emergency Contact #:
	Equip Name/ No.:		Date:	Issued To:		
	SWP Originator:		Start Time:	Work To Be Performed:		
	End Time:					

ACCEPTABLE SAFE WORK CONDITIONS

Complete sections that apply to the work being performed

		Y	N	NA	
<input type="checkbox"/> Lockout <input type="checkbox"/> NA <small>Check applicable box</small>	1. List all equipment secured and locked out or attach specific procedure:	<input type="checkbox"/>			
	2. Piping or valves isolated, blinded, blocked, or disconnected?	<input type="checkbox"/>		<input type="checkbox"/>	
	3. Mechanical equipment secured from movement? (Blocked / Chocked)	<input type="checkbox"/>		<input type="checkbox"/>	
	4. Control room and remote start / stop switches tried? Print names of personnel who tried remote start / stop switches:	<input type="checkbox"/>		<input type="checkbox"/>	
	Equipment Owner(s): _____ Work Group Representative(s): _____				
	5. Hazardous material lines secured with (select one of the following or check NA): <input type="checkbox"/> Double block/bleed valves <input type="checkbox"/> Block valve & pump lockout <input type="checkbox"/> Blind the line <input type="checkbox"/> Other – specify: _____			<input type="checkbox"/>	
6. Radioactive sources have been secured by qualified personnel?	<input type="checkbox"/>		<input type="checkbox"/>		

<input type="checkbox"/> Line/Equip Opening <input type="checkbox"/> NA <small>Check applicable box</small>	7. Material that was in the line / equipment?	<input type="checkbox"/>		
	8. System / Lines / Vessels are isolated and purged?	<input type="checkbox"/>		<input type="checkbox"/>
	9. Safety shower / eyewash or other adequate supply of potable water readily available, identified and tested?	<input type="checkbox"/>		<input type="checkbox"/>
	10. Vents / Drains opened and checked for pluggage?	<input type="checkbox"/>		<input type="checkbox"/>
	11. Immediate area barricaded to keep other workers at a safe distance? If no, then Watchman posted and instructed in duties? Print Watchman's name: _____	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> Hot Work <input type="checkbox"/> NA <small>Check applicable box</small>	12. Area around and below work area (Hot Work 35 Foot Rule), including cracks, openings and holes where sparks may drop to lower levels have been inspected and evaluated for fire risk?	<input type="checkbox"/>		
	13. Area has been evaluated for precautions to be taken such as relocating, shielding, covering, shutting down, or wetting down including all conditions listed below): <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> walls, ceilings, floors or partitions having combustible construction or coverings combustible materials on floors all combustibles or flammable vapors or gases </div> <div> <ul style="list-style-type: none"> ducts or conveyors that may convey sparks to other locations metal material or pipes that may transmit heat prohibited areas </div> </div>	<input type="checkbox"/>		
	14. Hot Work being performed on or near (Hot Work 35 Foot Rule) appreciable Combustible Materials or Flammable Vapors or Gases where more than risk of minor fire exists? If yes, a Fire Watch is posted, instructed in duties and required to remain at job site for 30 minutes after completion of Hot Work. Fire Watch name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	
	15. Fire protection equipment at the work site is adequate to handle emergencies or additional equipment is provided? List equipment available: _____	<input type="checkbox"/>		
	16. Initial atmosphere testing needed or required to detect potential flammable vapors or gases? (If yes, document on permit)	<input type="checkbox"/>	<input type="checkbox"/>	

PPE <small>Required For All Permits</small>	17. Special PPE required to protect individuals from hazards? If YES, what type(s) are required? (See PPE Matrix)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Mono goggles <input type="checkbox"/> Fall protection <input type="checkbox"/> Cooling vests <input type="checkbox"/> Acid pants <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Face shields <input type="checkbox"/> Burning/welding gear <input type="checkbox"/> Acid jacket <input type="checkbox"/> Full acid suit <input type="checkbox"/> Cut resistant gloves <input type="checkbox"/> Rubber boots <input type="checkbox"/> Flotation devices <input type="checkbox"/> Acid gloves <input type="checkbox"/> High temperature acid suit (HRS) <input type="checkbox"/> Full acid suit (level "B") with encapsulating hood <input type="checkbox"/> Other – specify: _____			
	PPE Downgrade Approval by: _____			
	(Permit Approval Matrix)			
	Time of Downgrade: _____			

Additional Precautions <small>Required For All Permits</small>	18. Heat Stress potential has been evaluated/controlled and Ventilation is adequate for the type of work to be performed?	<input type="checkbox"/>		
	19. If working on or near electrical installations, power lines, red concrete, etc; Electrical Dept. has been contacted?	<input type="checkbox"/>		<input type="checkbox"/>
	20. Lighting is adequate for work being performed?	<input type="checkbox"/>		
	21. Portable lighting, tools & electrical equipment properly grounded or protected by ground fault circuit interrupters?	<input type="checkbox"/>		<input type="checkbox"/>
	22. Precautions taken to protect any fall hazards that may be created during the work? i.e. barricading or covering openings, etc	<input type="checkbox"/>		<input type="checkbox"/>
	23. Scaffolding constructed specifically for the task provides safe access and has current inspection on the scaffold tag?	<input type="checkbox"/>		<input type="checkbox"/>
	24. Flammable/Combustible materials used during work are controlled to prevent hot work exposure?(Barricade/signs/attended)	<input type="checkbox"/>		<input type="checkbox"/>
25. Health risks and precautions associated with lead, Hex Cr, welding, asbestos, etc. have been identified and addressed?	<input type="checkbox"/>		<input type="checkbox"/>	
26. List all additional precautions required:				



SAFE WORK PERMIT

PERMIT No. _____

Atmospheric Tests <input type="checkbox"/> NA	Periodic <input type="checkbox"/> or continuous <input type="checkbox"/> atmosphere testing required to ensure safe levels? Period between tests? _____ Hours							
	Instrument serial no.: _____		Calibration current: <input type="checkbox"/> YES		Functional Test: <input type="checkbox"/> Passed			
	<u>Contaminant</u>	<u>Acceptable range</u>	<u>Tests Needed</u>	<u>Reading / time</u>	<u>Reading / time</u>	<u>Reading / time</u>	<u>Reading / time</u>	<u>Reading / time</u>
	Oxygen	19.5 – 23.5%	<input type="checkbox"/>					
	Flammable /combustible	Less than 10% LEL	<input type="checkbox"/>					
	Toxic/other		<input type="checkbox"/>					
Atmosphere tested by (initial each set of tests):								

PERMIT APPROVAL

Our signatures below mean that we have field verified that this equipment and area are safe for work to begin, and all precautions have been completed as listed on this permit.			
<u>Equipment Owner (Custodian for Group Lockout)</u>		<u>Work Group Representative</u>	
_____ Print name	_____ Signature	_____ Print name	_____ Signature
Transferred to: Print name _____		Transferred to: Print name _____	
Signature _____ Time: _____		Signature _____ Time: _____	
(Field Verification not required for Transfer of ownership)		(Field Verification not required for Transfer of ownership)	
Does the Matrix for Final Safety Approval require additional approvals for work to be performed under this Permit <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Equipment Owner Supervisor is responsible for obtaining approval per the Matrix for Final Safety Approval prior to commencing work:			
<input type="checkbox"/> Verbal <input type="checkbox"/> In person		<input type="checkbox"/> Verbal <input type="checkbox"/> In person	
_____ Approved – Supervisor or above		_____ Final Approval per the Approval Matrix	
Time _____		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 the Equipment Owner for Verification*

AREA CLEANED UP <input type="checkbox"/> Yes <input type="checkbox"/> No	WORK COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No	AREA SAFE TO RETURN TO SERVICE <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____		
Work Group Rep: <u>Print name</u>	<u>Signature</u>	Equip Owner: <u>Print name</u> <u>Signature</u>
PERMIT MUST BE RETURNED TO THE CONTROL ROOM OR EQUIPMENT OWNER REPRESENTATIVE WHEN WORK IS COMPLETE.		