



# SAFE WORK PERMIT

WORK TO BE PERFORMED							
HOT WORK EXCAVATION	CONFINED SPACE ENTRY ABRASIVE BLASTING	SAFE CLEARANCE / OTHER HAZARDOUS WORK VEHICLE / EQUIPMENT ACCESS					
FACILITY				WORK ORDER #		DATE	
REQUESTOR		PERMIT START TIME			PERMIT END TIME		
SPECIFIC LOCATION OF WORK TO BE PERFORMED							
DESCRIPTION OF WORK (Specify equipment to be worked on if hot work is to be performed)							
SPECIFIC EQUIPMENT TO BE USED							
(Check if Applicable) PERSONAL PROTECTION / RESCUE				* Additional Documentation Required			
PPE	YES	PPE	YES	PPE	YES	PPE	YES
WORK GLOVES		ELECTRICAL GROUNDS		SANDBLASTING HOOD		FIRST AID/CPR	
GOGGLES		HIGH VOLTAGE PROTECTION		GRADE "D" BREATHING AIR COMP		RESCUE PREPLANNED	
FACESHIELD		GFCI		SCBA		HIGH ANGLE RESCUE	
CHEMICAL RESISTANT BOOTS		LIGHTING (12 VOLT)		AIRLINE RESP. W/ESCAPE		COMPANY RADIO CONTACT	
CHEMICAL RESISTANT GLOVES		LIGHTING (EXPLOSION PROOF)		AIR PURIFYING - FULLFACE		OUTSIDE RESUCE NO.	
CHEMICAL RESISTANT SUIT		LIFE LINE		AIR PURIFYING - HALFMASK		* CRITICAL CRANE LIFT	
DISPOSABLE SUIT		HOIST		TYPE OF CARTRIDGE (SPECIFY) _____		* USE OF MANBASKET	
HEARING PROTECTION		BODY HARNESS					PROOF TEST / TRIAL LIFT
MSDS AVAILABLE		WRISTLETS				• HOT TAP	
(Check if Applicable) WORK AREA PREPARATION				* Additional Documentation Required			
ITEM	YES	ITEM	YES				
VESSEL/EQUIPMENT/LINES DRAINED AND DISCONNECTED		FORCED VENTILATION REQUIRED					
FLAMMABLE, COMBUSTIBLE MATERIALS MOVED 35' FROM HOT WORK OR COVERED WITH FLAME RESISTANT MATERIALS		PIPING, CONDUIT, CABLES, WIRING, - ALL BURIED HAZARDS LOCATED AND MARKED	<b>ONE-CALL HAS BEEN MADE</b>				
VESSEL/EQUIPMENT/LINES CLEANED, PURGED & VENTILATED		* ENERGY SOURCES LOCKED OUT, TAGGED AND TRIED					
SHORING/SLOPING (NEEDED FOR EXCAVATION)		MANHOLES, CATCH BASINS AND SEWERS COVERED					
TRENCH INSPECTED PRIOR TO COMMENCING WORK		* VESSEL / EQUIPMENT/LINES BLINDED AND ISOLATED					
LADDERS (NEEDED FOR SAFE ACCESS/EGRESS)		ADJACENT EQUIPMENT SAFE (I.E. VAPORS, LEAKING SEALS / PACKING)					
SCAFFOLDING INSPECTED PRIOR TO USE		AREA SECURED/ BARRICADED					
EMERGENCY COMMUNICATIONS/ALARMS ADEQUATE		NON-SPARKING TOOLS REQUIRED					
FIRE EXTINGUISHER		FIRE HOSE		FIRST AND LAST NAME OF FIRE WATCH _____			
OTHER/HAZARDS OR PRECAUTIONS							
ATMOSPHERIC TESTING							
NAME OF PERSON(S) CONDUCTING TESTS		1	2	3			
ACCEPTABLE LEVEL FOR HOT WORK / CONFINED SPACE WITHOUT A RESPIRATOR				RECORD ALL MONITORING TIMES			
OXYGEN	(19.5 TO 21.5%)						
FLAMMABLE GAS/VAPOR	(0% LEL)						
HYDROGEN SULFIDE	(0 - 10 PPM)						
SULFUR DIOXIDE	(0 - 2 PPM)						
NORM	(<180 CPM/<50 µR)						
OTHER							
MONITORS CALIBRATED - FREQUENCY OF TESTS		INITIAL ONLY		PERIODIC EVERY _____		CONTINUOUS	
PERMIT APPROVAL STARTING							
REQUESTOR		DATE		OPERATIONS REP		DATE	
ENTRY SUPERVISOR		DATE		COMPANY SUPERVISOR		DATE	
TRENCHING INSPECTOR		DATE		SCAFFOLD INSPECTOR		DATE	
PERMIT APPROVAL ENDING							
REQUESTOR		DATE		OPERATIONS REP		DATE	
ENTRY SUPERVISOR		DATE		COMPANY SUPERVISOR		DATE	

**NOTE: PERMIT VALID THIS DATE / SHIFT ONLY**