



Safety Permits

(PERMIT MUST BE POSTED)

Permit valid for 12 Hours, or until work crew changes.

Job #: _____ Date: _____ Shift: _____

Description of Work: _____

POTENTIAL HAZARDS

- Flammable Atmosphere Oxygen Deficiency Fall Hazard Hot Surface Mechanical
- Hazardous Energy Toxic Chemicals Engulfment Hot Work Other

EQUIPMENT CHECKLIST

 In addition to the standard PPE (safety shoes & Safety glasses) the following equipment is also required

- Splash Proof Goggles Hearing Protection Safety Constructed Scaffolds Barricades Air Monitor
- Ground Fault Interrupter Face Shield Respirator Safety Locks & Danger Tags LEL Monitor
- Spark Proof Tools Warning Signs Acid Coat or Suit Hard Hat Personnel Carrier
- Equipment Grounding Required Air Horn Rubber Boots _____ Gloves
- Low Voltage Extension Light Confined Space Equipment Safety Harness Oxygen Monitor

WORK AT HEIGHTS PERMIT Requirements Checklist:

 Applicable Not Applicable

- Personal Fall-Arrest System (Full Body Harness) Anchorage Point: _____
- Guardrail Ladder Tie Off Safety Net System 100% Tie Off System Other

CUTTING/WELDING/HOT WORK PERMIT Requirements Checklist:

 Applicable Not Applicable

- Fire Resistant Barriers (to confine heat, spark and slag) Fire Watch Fire Extinguisher
- Combustible/Flammable Material Moved Away From Site Flammable Vapor Test satisfactory (LEL < 10%)

GAS TEST REPORT:

LEL %	DATE	TIME(S)	GAS TESTER (NAME)

LINE BREAKING PERMIT Requirements Checklist:

 Applicable Not Applicable

Possible materials in the line: _____

Precautions Checklist:

- Has the area been roped off and warning signs posted?
- Have the other necessary parts of this form been completed?
- Has all necessary PPE been made available?
- Have the pumps and other energy sources been tagged and locked out?
- Have the valves been properly positioned, tagged, and locked out?
- Have the lines been properly drained?
- Has the residual pressure been bled?
- Have the necessary blanks been installed?
- Has the steam or heat tracing been turned off?
- Have both sides of the line been supported?
- Have lead abatement/precautions been taken?
- Have the necessary lines been disconnected?
- Has approval been received for connecting the new lines?

Type of Line to be Broken:

	Description	Approvals (department supervisor)
<input type="checkbox"/>	Chemical	_____
<input type="checkbox"/>	Product	_____
<input type="checkbox"/>	Sanitary Sewer	_____
<input type="checkbox"/>	Water	_____
<input type="checkbox"/>	Other	_____

LOCKOUT-TAGOUT PERMIT Requirement Checklist: Applicable Not Applicable
 HAZARDOUS ENERGY TYPE: Electrical Mechanical Chemical Pneumatic Hydraulic
 Temperature Gravity
 SOURCE: _____

ISOLATION (SHUTOFF) DEVICE: Furnas Safety Disconnect Valve Other _____

LOCATION: _____

LOCKOUT DEVICE: Lock & Tag Valve Chain or Cover Other: _____

RESIDUAL ENERGY: Yes No

SOURCE: _____

AFFECTED PERSONS TO NOTIFY: _____

CONFINED SPACE ENTRY PERMIT Requirement Checklist: Applicable Not Applicable

<input type="checkbox"/> Adequate ventilation to maintain a safe atmosphere while permit is in effect	<input type="checkbox"/> Flammable vapor test satisfactory (reading < 10% of LEL)
<input type="checkbox"/> Adequate illumination provided	<input type="checkbox"/> Oxygen deficiency test satisfactory (>19.5%)
<input type="checkbox"/> All pipelines blanked at connections (steam, chemical)	<input type="checkbox"/> Customers representatives notified
<input type="checkbox"/> Hazardous materials will not be introduced by work	<input type="checkbox"/> Trained attendant present (Name of attendant _____)
<input type="checkbox"/> Body harness and lifeline worn in confined space	<input type="checkbox"/> (1) Man Hole Watch
<input type="checkbox"/> Electrical controls are locked out and tagged	<input type="checkbox"/> (2) Man Hole Watch
<input type="checkbox"/> Electrical equipment grounded	<input type="checkbox"/> Plant Radio
<input type="checkbox"/> SCBA available	

GAS TEST REPORT:

Oxygen %	LEL%	Toxic Gas	Date	Time(s)	Gas Testers name & Signature
ENTRANTS		TIME IN	TIME OUT	QUALIFIED	ENTRY SUPERVISORS NAME

CONFINED SPACE DEBRIEFING FORM Requirement Checklist: Applicable Not Applicable

Permit#: _____ Permit Date: _____ Date of Entry: _____

Time of Entry: _____ Number of persons entering confined space: _____

Comments

- Were gas tests performed properly? yes no _____
- Were energy sources properly de-energized and locked out? yes no _____
- Were harnesses and lifelines used properly? yes no _____
- Were entry personnel interviewed after the entry? yes no _____
- Were all confined space procedures followed? yes no _____
- Were any unusual hazards encountered? yes no _____

Recommendations for improving confined space entry: _____

Entry Supervisor: _____

Signature: _____

Date: _____

APPROVALS: All lines must be signed

WORK LEADER: I have given instructions on how to do the job safely, have indicated PPE to use, and have indicated which permits are applicable.

Signature: _____ Date: _____ Time: _____

PERMIT APPROVER: I have reviewed the safety equipment and check list above with the work crew and I have approved all necessary permits.

Signature: _____ Date: _____ Time: _____