

Type of Work	<input type="checkbox"/> Cold Work <input type="checkbox"/> Hot Work	<input type="checkbox"/> Vehicle Entry <input type="checkbox"/> Explosive Materials	<input type="checkbox"/> Confined Space <input type="checkbox"/> Drilling/Coring <input type="checkbox"/> Work Clearance	<input type="checkbox"/> Electrical <input type="checkbox"/> Well Services <input type="checkbox"/> Trenching and Excavating
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Date Issued:	Issued To:	Valid From:	Valid To:	Permit extended to:	Approved By:
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Location (s) of Work:

Work to Be Done:  
(No work other than what is show is to be done)

Name of Contractor and Number of People:

Identify Potential On-Site Hazards			
<input type="checkbox"/> Climbing	<input type="checkbox"/> Heat off Hot Piping	<input type="checkbox"/> Explosive Materials	<input type="checkbox"/> Difficult Terrain
<input type="checkbox"/> H <sub>2</sub> S/SO <sub>2</sub>	<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Corrosive Materials	<input type="checkbox"/> High Pressure
<input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Overhead Obstructions	<input type="checkbox"/> Heavy Traffic	<input type="checkbox"/> Pits/Ponds/ Sumps
<input type="checkbox"/> High Voltage	<input type="checkbox"/> Toxic Vapors	<input type="checkbox"/> High Noise Levels	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Energized Equipment	<input type="checkbox"/> Slipping	<input type="checkbox"/> Heavy Load	<input type="checkbox"/> Poor Visibility
<input type="checkbox"/> Adverse Weather	<input type="checkbox"/> Moving Machinery	<input type="checkbox"/> Auto Start Machinery	<input type="checkbox"/> Combustible Materials

**Precautions, Requirements and Limitations**

	Yes	No	N/A		Yes	No	N/A
Job Supervised				Vehicles allowed to work in area			
Work Area Examined				Line Locates Completed			
Weather conditions considered				Barriers and warning signs			
Excavations properly sloped				Equipment Bonded/Grounded			
Explosion Proof equipment				Pits/Excavation Barriers			
Radio Silence Requested				Emergency Response Plan			
Combustible material removed/protected				MSDS Required			

**Fire, Emergency and Rescue Equipment Required**

<input type="checkbox"/> Water Extinguisher	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Portable Radios
<input type="checkbox"/> Chemical Extinguishers	<input type="checkbox"/> Fire Blanket	<input type="checkbox"/> Life Line

**Personal Protective Equipment**

<input type="checkbox"/> Fire Retardant Wear	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Monitor	<input type="checkbox"/> Breathing Apparatus	<input type="checkbox"/> Life Line/ Harness

Are Gas Tests Required?     Yes     No    If Yes, How Often ?     Continuous     Periodic

Test Time	H <sub>2</sub> S ppm	SO <sub>2</sub> ppm	O <sub>2</sub> ( % Vol)	Flammable % LEL	Other	Testers Signature

**Pre-Job Safety Meeting/ Hazard Identification**

Special Precautions or Comments:

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Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM     PM

The permit receiver acknowledges that he/she will inform all personnel working under the authority of this permit of all of the conditions contained herein.

Permit Issuer:	Permit Receiver:
Print _____	Print _____
Signature _____	Signature _____