

**SAFE WORK PERMIT # \_\_\_\_\_**  
**STAN MAYFIELD BIOREFINERY PILOT PLANT**

**Safe Work Permit Instructions**

1. Read carefully and familiarize yourself with the Safe Work Plan and related documents (LO/TO, First Break Procedures, etc.).
2. Permits may be initiated prior to the day of issue.
3. All information on the permit must be written in a readable fashion assuring that all copies provide clear information.
4. The "Confined Space" checkbox will be marked anytime work includes entry into a confined space. University of Florida employees are not allowed to carry out confined-space-entry work.
  - a. The contractor is expected to comply with the OSHA Permit-required Confined Space Standards and are expected to:
    - i. have a confined space entry program in place that meets the OSHA requirements,
    - ii. ensure their employees are properly trained, and
    - iii. have the equipment and resources available to ensure a safe entry.
  - b. The completed Confined Space Permit for the space to be entered should be reviewed by the Shift Manager.
5. The "Personal Protective Equipment" section will be completed for every permit which will ensure that the workers be properly advised of the required PPE.
6. Upon completion of these types of work activities, the Shift Manager must sign indicating the following:
  - a. An inspection of the confined space was performed and all tools, job materials, debris, etc. has been removed.
  - b. Upon completion of hot work on a process stream, a flush has been performed on the process stream to remove any residual metal, welding slag, etc.
7. All permits must be completely filled out including date and time of completion, area cleaned up, and signature of person turning in the permit.



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Date Created: \_\_\_\_\_ Shift Manager's Initials: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Shift Manager's Initials: \_\_\_\_\_

Purpose of LO/TO:

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Type of Work:

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Confined Space<br>(include form) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Instrument |   | _____                                 |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Hazardous Material               | _____                                 |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Hot work<br>(include form)       |                                       |

Equipment/Lines to be Isolated (Attach  
Isolation Tables):

Location of Locks/Tags:

1.

2.

3.

4.

5.

6.

7.

8.



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**Personal Protective Equipment:**

☐ Face Shield

☐ Fire Resistant Clothing

☐ Heat Resistant Gloves

☐ Rain Suit

☐ Welding Jacket

☐ Leather Gloves

☐ Chemical Resistant Suit

☐ Rubber Boots

☐ Other: \_\_\_\_\_

☐ Respirator

☐ Chemical Resistant  
Gloves

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**Verifier:** It is the responsibility of the Verifier to visually verify that all isolations are completed with all valves and breakers locked/tagged in the position required by the isolation plan.

**Name, Signature, Date:** \_\_\_\_\_

**Responsible Repair Person:** It is the responsibility of the Responsible Repair Person to communicate to their crew all safety hazards, safety procedures, and PPE required. He/She must ensure that proper locks have been placed on the isolation devices in order to conduct the work.

**Name, Signature, Date:** \_\_\_\_\_

**Shift Manager's Phone Number:**

**In Case of Fire Dial:**

**In Case of Medical Emergency Dial:**

**University of Florida Environmental Health and Safety:**



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**Personnel to be conducting the work:**

By signing this form you certify that you have received training in our general safety guidelines and our LO/TO procedures, and that you have verified that the appropriate locks/tags have been placed. After the work has been completed, initial next to your signature to certify that the LO/TO can be removed.

Full Name	Signature	Work Completed (initials)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Certification of SWP :**

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Shift Manager's Name, Signature, and Date

**Certification of Work Completion (LO/TO can't be removed until signed):**

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Shift Manager's Name, Signature, and Date