

# Weekend and After Hours Work Permit Form

After-Hours & Weekend

## 1. Project

*Mark only one oval.*

1475 Mt Fee Rd

1600 Mt Fee Rd

## 2. Subcontractor Company

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## 3. Permit Start Date

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*Example: January 7, 2019 11:03 AM*

## 4. Permit End Date

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*Example: January 7, 2019 11:03 AM*

## 5. Work Description

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6. Person Responsible Onsite

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7. Emergency Contact Phone Number

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8. Emergency Meeting Point

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9. PPE Required

*Check all that apply.*

- Hard Hat
- Safety Glasses
- High-Vis Vest
- Steel-Toed Boots
- Other

10. Hot Work Permit Submitted?

*Mark only one oval.*

- Yes
- No
- N/A

**11. Fall Protection Plan Submitted?**

*Mark only one oval.*

Yes

No

N/A

**12. Silica Control Plan Submitted?**

*Mark only one oval.*

Yes

No

N/A

**13. First Aid Tickets Provided?**

*Mark only one oval.*

Yes

No

**14. First Aid Room Location Confirmed?**

*Mark only one oval.*

Yes

No

**15. Emergency Exits Location Confirmed?**

*Mark only one oval.*

Yes

No

**16. Notifications**

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**17. Foreman's Declaration**

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**18. Name of responsible person/supervisor**

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**19. Acknowledgment & Signature**

*Check all that apply.*

By checking this box, I confirm I have read and agree to the Foreman's Declaration.

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