

| ACTIVITIES REQUIRING A  | MEASURES TO BE TAKEN BY   | MEASURES TO BE TAKEN BY                                  | VALIDATION  |
|---|---|--|---|
| WORK PERMIT   | ISSUING DEPARTMENT  | PERMIT HOLDER  |   |
| (To be completed by the applicant)  | (To be completed by the issuer / person preparing the permit)             | (To be completed by the applicant)                       |   |
|   |   |  | Risk category: high normal minimal                                      |
| Section :   | What product does or did the equipment / pipe contain?                    | How does this work influence the environment?            | Job Safety Analysis (JSA) no.:  |
| Section description :   | MODO / and deat information and an  |  | The columns "Activities requiring a work permit" and "Measures          |
| Tag no. : Tag description :   | MSDS / product information card no.: Impact of adjacent work:             | Required Precautions to be taken:                        | to be taken by permit holder" have been correctly filled in: Applicant: |
| W.O.nr :  | impact of adjacent work.  | wells, channels and/or sewers covered within [m]         | Name: Company:  |
| Zone :  |   | install spark protection                                 | Phone :   |
| Department :  | Required Ready Precautions to be taken:                                   | fence off job area                                       | Date : Signature:   |
|   | label flanges   | fire watch name (i.e.                                    | Permission for special work: n.a.                                       |
| Description of work:  | flush through system  | manhole watch name (i.e. )                               | Operational manager:  |
|   | drain system  | means of communication (i.e.                             | Name : Department:  |
|   | steam system<br>block system  | fire hose ready dry chemical fire extinguishers (i.e.    | Date : Signature:  Permit co-assessed: n.a. n.a.                        |
|   | mark off system   | other fire extinguishing devices (i.e.                   | Co-signatory(ies):  |
|   | disconnect system   | keep job area and/or job object wet                      | Name : Department:  |
|   | depressurise system   | secure job area agains danger of falling                 | Date : Signature:   |
|   | clear system of products  | (i.e. )  | Name : Department:  |
| Procedure:  | check environment for toxic and/or  | forced ventilation                                       | Date : Signature:   |
| assembling / dismantling burning /gauging/ welding                          | -   |  | Permit has been prepared: n.a.  |
| opening installations cutting / drilling entering confined space sparks     | fire detection system disabled (entry in log) IoToToList Multi-discipline | Required Additional personal protection equipment:       | Person preparing the permit: Name:                                      |
| painting X-Ray/radiation work   | check environment for flammable material                                  | wide-angle / acid goggles                                | Date : Signature:   |
| insulation high pressure cleaning   | bridge panel/DCS (nr.   | face shield  | The work can be carried out safely and management of the                |
| scaffolding vacuum cleaning   | block equipment electrically  | hearing protection                                       | measures have been discussed with the permit holder:                    |
| lifting grit blasting   | no./signature:  | fall protection  | Close together: yes no  |
| pulling/pushing digging (manu./mechan.)                                     | release equipment electrically  | hand / arm protection (i.e.                              | Issuer:   |
| instrumentation / automation removal of asbestos electrotechnical demolish  | no./signature: block equipment mechanically (nr. )                        | protective clothing (i.e. ) escape mask within reach     | Name : Date : Signature:  |
| working at heights (>2m)  | confined space condition report (nr.                                      | personal gas alarm (i.e.                                 | Agrees with the requirements imposed and will ensure                    |
| Tronting at noighte (* 2111)  | environmental protection measures   | use of breathing protection (i.e.                        | implementation in accordance with the permit conditions:                |
|   | (i.e. )   |  | Holder:   |
| Tools used:   |   |  | Name : Company:   |
| hand max 110V=/50V~ pressure washer   |   |  | Date : Signature:   |
| Ex-proof pneumatic welding equipment electrical hydraulic lifting equipment | Special operational criteria attention:                                   |  | Holder after transfer: Name: Company:                                   |
| with combustion engine generator  | Special operational criteria attention.                                   |  | Date : Signature:   |
| generate:   |   | Additional requirements: (to be completed by the issuer) | Daily endorsement in job area:  |
| Vehicles / equipment used:  |   | ,                  | Approval valid: max.1 week max hour do not extend                       |
| vehicle with combustion engine excavator                                    | Potential risks:  |  | Verifier Holder No. of ppl  |
| telehandler vacuum truck crane  |   |  | Date Name Initials Name Initials working                                |
| scaffold platform tanker  |   |  |   |
| forklift chemicals/gas  | Gas measurements:   |  |   |
|   | Gas measurements.   |  |   |
| Execution   | 1   |  |   |
| Firm :  |   |  |   |
| Name holder :   | Required Continuous Date//20  | _/_/20/_/20/_/20/_/20_                                   | Closing:  |
| Nr. Of workers : persons  | Time  |  | Holder: The job area has been cleared and left safe                     |
| Planned starting date :   | Oxygen (%O <sub>2</sub> )   |  | Name: Signature:  |
| Planned end date :  | Explosivity (% LEL)   |  | Co-signatory(ies): Verified/specific measures taken                     |
| Working hours (hh:mm) from : till:  | Toxic substances (ppm)  |  | isolations/overrides reinstated<br>long term isolations                 |
| Supporting documents  | Substance:  | <del>                                     </del>         | Name : Signature:   |
| dig permit enclosed space permit  | Cubotano.   | <del>                                     </del>         | Verifier: Measures cancelled and surroundings normal                    |
| lifting electrical work checklist   | MAC:  |  | Name: Signature:  |
| scaffold  |   |  | Issuer: Follow up and administration                                    |
|   | Signature:  | 1 1 1 1 1 1 1 1 1  | Name : Signature:   |