

ACTIVITIES REQUIRING A	MEASURES TO BE TAKEN BY	MEASURES TO BE TAKEN BY	VALIDATION
WORK PERMIT	ISSUING DEPARTMENT	PERMIT HOLDER	VALIBATION.
(To be completed by the applicant)	(To be completed by the issuer / person preparing the permit)	(To be completed by the applicant)	
(10 20 completed by the approxim)	(. c cc completed by the locality person propaining the periods	(10 20 completed by the application)	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 :			The columns "Activities requiring a work permit" and "Measures
Tag no. :	MSDS / product information card no.:	Described Described to be taken.	to be taken by permit holder" have been correctly filled in:
Tag description : W.O. no. :	Impact of adjacent work:	Required Precautions to be taken: Wells, channels and/or sewers covered within [m]	Applicant: 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	Fire hose ready	Date : Signature:
	Block system	Dry chemical fire extinguishers (i.e.)	Permit co-assessed: n.a. n.a.
	Mark off system Disconnect system	Other fire extinguishing devices (i.e.) Keep job area and/or job object wet	Co-signatory(ies): 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	Aggressive substances		Permit has been prepared: n.a.
Opening installations Cutting / drilling	Fire detection system disabled (entry in log)		Person preparing the permit:
Entering confined space Sparks	LoToToList Multi-discipline	Required Additional personal protection equipment:	Name :
Painting X-Ray/radiation work	Check environment for flammable material	Wide-angle / acid goggles	Date : Signature:
Insulation High pressure cleaning Scaffolding Vacuum cleaning	Bridge panel/DCS (nr.) Block equipment electrically	Face shield Hearing protection	The work can be carried out safely and management of the measures have been discussed with the permit holder:
Lifting Grit blasting	No./signature:	Fall protection	Close together: yes no
Pulling/pushing Digging (man./mech.)	Release equipment electrically	Hand / arm protection (i.e.	Issuer:
Instrumentation / automation Removal of asbestos	No./signature:	Protective clothing (i.e.	Name :
Electrotechnical Demolish	Block equipment mechanically (nr.	Escape mask within reach	Date : Signature:
Working at heights (>2m)	Confined space condition report (nr.)	Personal gas alarm (i.e.	Agrees with the requirements imposed and will ensure
	Environmental protection measures	Use of breathing protection (i.e.)	implementation in accordance with the permit conditions:
Table words	(i.e.)		Holder:
Tools used: Hand Max 110V=/50V~ Pressure washer			Name : Company: Date : Signature:
Ex-proof Pneumatic Welding equipment			Holder after transfer:
Electrical Hydraulic Lifting equipment	Special operational criteria attention:		Name : Company:
With combustion engine Generator			Date : Signature:
		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 Scaffold Platform Tanker			Date Name Initials Name Initials working
Forklift Chemicals/gas			
1 STAIR	Gas measurements:		
Execution			
Firm :			
Name holder :	Date/_/20	//20//20//20//20	Closing:
No. of workers : persons	Required Continuous Time Oxygen (% O ₂)		Holder: The job area has been cleared and left safe Name: Signature:
Planned starting date : Planned end date :		 	Name: Signature: Co-signatory(ies): Verified/specific measures taken
Working hours (hh:mm) from: till:	Toxic substances (ppm)		isolations/overrides reinstated
Troning notice (mining)	(FF)		long term isolations
Supporting documents	Substance:		Name : Signature:
Dig permit Enclosed space permit			Verifier: Measures cancelled and surroundings normal
Lifting Electrical work checklist	MAC:		Name : Signature:
Scaffold			Issuer: Follow up and administration
	Signature:		Name : Signature: