











Date/Time:		# of Workers:		24 Hour Emergency Phone Number +19702380524									
Expiry:		Extended:		Initials:		Safe Work Agreement Type			Hot <input type="checkbox"/> (Max 24 Hours)				
Specific location and description of work to be performed:													
All workers have Enerplus My S&SR & CSO/PST/Safeland/ ONEBASIN or equivalent?				Verified <input type="checkbox"/>		Do all workers have proper PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> / Special PPE requiremen Yes <input type="checkbox"/> No <input type="checkbox"/>							
Have all workers bump tested their personal gas monitors today's?				Verified <input type="checkbox"/>		Will there be new, inexperienced or At-Risk Workers involved in the work? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Will a task hazard assessment be completed by the contractor on site?				Verified <input type="checkbox"/>		If yes, name the Mentor for the new and/or inexperienced At-Risk Workers?							
Are workers aware of expectation (right) to pause / stop work?				Verified <input type="checkbox"/>		Other site-specific details:							
All workers have received a Site Orientation?				Verified <input type="checkbox"/>									
Discuss and review potential Line-of-fire hazards and document controls													
HAZARDS AND CONTROLS													
Gravity 		Falling object, a collapsing roof, a body tripping or falling, line-of-fire, ect.				Temperature 		Open flame/ignition sources, hot/cold surfaces, liquids/gases, friction, steam, extreme and changing weather conditions, ect.					
Motion 		Vehicle, vessel or equipment movement, flowing water, wind direction, body positioning: lifting, straining, or bending, line-of-fire, ect.				Chemical 		Flammable vapors, reactive hazards, carcinogens or other toxic compounds, corrosives, pyrophoric, combustibles, inert gas, welding fumes, dusts, H2S, air quality, ect.					
Mechanical 		Rotating equipment, compressed springs, drive belts, conveyors, motors, line-of-fire, ect.				Biological 		Animals, bacteria, viruses, insects, blood borne pathogens, improperly handled food, contaminated water, ect.					
Electrical 		Power lines, transformers, static charges, lightning, energized equipment, wiring, batteries, ect.				Radiation 		Lightning issues, welding arc, X-rays, solar rays, microwaves, naturally occurring radioactive material (NORM) scale, or other non-ionizing sources, ect.					
Pressure 		Pressure piping compressed cylinders, control lines, vessels, tanks, hoses, pneumatic and hydraulic equipment, line-of-fire, ect.				Sound 		Impact noise, vibration, high-pressure relief, equipment noise, ect.					
Hot Work Considerations for Classified Areas – Type of hot work (check all that apply)													
Welding / cutting / grinding <input type="checkbox"/>		Use cameras / video equipment <input type="checkbox"/>		Use of electrical hand tools <input type="checkbox"/>		Spark producing tool <input type="checkbox"/>							
Vehicle / combustion engines <input type="checkbox"/>		Sandblasting / jackhammering <input type="checkbox"/>		Open live electrical equipment <input type="checkbox"/>		Open flame heaters <input type="checkbox"/>							
Other combustible materials <input type="checkbox"/>		Others <input type="checkbox"/>		Others <input type="checkbox"/>		Others <input type="checkbox"/>							
Hot Work Requirements (Check & initial all that apply) – Worker identified must ensure effective controls in place to work beginning													
<input type="checkbox"/>		Issuer		Receiver		N/A		Issuer		Receiver		N/A	
Initial atmosphere test <input type="checkbox"/>								Directing or containing sparks <input type="checkbox"/>					
Continuous gas monitoring <input type="checkbox"/>								Energy Isolation <input type="checkbox"/>					
Specific retest intervals (Identify testing intervals) <input type="checkbox"/>								Conflicting work activities <input type="checkbox"/>					
Fire watch designated <input type="checkbox"/>								Welding curtains/blankets <input type="checkbox"/>					
Fire extinguisher on hand <input type="checkbox"/>								Wetting area below hot site <input type="checkbox"/>					
For all hot work activity, fire/safety watch, to remain on location for 30 minutes following the completion of any Hot Work <input type="checkbox"/>													
Atmospheric Testing													
Time		Initial Test											
O2%													
LEL%													
H2S													
Other substances													
Initials													
Special Instruction / Work not to be performed:													
Read, Understood and Agreed – All workers covered under this agreement MUST sign this document													
I understand the nature and extent of the work and precautions required to complete the activity safely complying with regulations, policies and procedures.					I have the required training, knowledge, and competency to complete the work safely. I have the obligation to stop or pause work when condition or job scope changes.								
Agreement Issuer I authorize work to proceed according to conditions specified on this SAFE WORK AGREEMENT					Agreement Receiver I agree to comply with and instruct all workers covered under the agreement as to their responsibilities regarding the hazards and controls identified.								
Contact #					Company Name								
Office Contact #					Company Emergency #			Cell #					
Name (Print)		Signature			Name (Print)			Signature					
WORKERS ARE RESPONSIBLE TO REPORT ALL INCIDENTS, NEAR MISSES AND HAZARDS													
Work Crew Signatures (room on back)													
Hand Back Process to ensure work site is left in a clean and safe condition					<input type="checkbox"/> Formal		<input type="checkbox"/> Verbal & Phone #						
Job Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work-site clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment safeguards reenergized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			Guards & barriers in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a						
This SAFE WORK AGREEMENT becomes suspended and all work must cease if – There is a charge in Supervision and or:													
Incident occurs / Emergency alarm sounds		The agreement expires		Conditions in the area change		Change to original job scope		Request to pause work					
Distribution:		White – Agreement Receiver			Yellow – Agreement Receiver			Pink – Site - Optional					