

Permit Number: Related Procedure Number: Related JHA Number: Time Duration: From Date: ..... To Date: .....		EXTENDED FOR STARTED AFTER HOURS							REVALIDATION FOR STARTED SHIFT / DAY								
		Date	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Date	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
		Start Time								Start Time							
		Supervisor								Supervisor							
		Issuing Authority								Issuing Authority							
		Employer Supervisor								Employer Supervisor							
		Employer HSE							Employer HSE								

  

This Work Permit shall be used in conjunction with Procedure

1. Application

Location: .....

Description of Work: .....

Equipment to be Used: .....

Hot Work	Confined Space	Radiography
Cold Work	Excavation	Electrical
After Hours Friday Works	LOTO	

Task Supervisor (Print Name): .....

Signature: .....

Job Title: ..... Company: . **TEKFEN CONSTRUCTION**

5. Protective Equipment

Eye Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>
Safety Shoes	<input type="checkbox"/>	Escape Sets (BA)	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>	Chemical Suits	<input type="checkbox"/>
Safety Harness	<input type="checkbox"/>	Life Lines	<input type="checkbox"/>
Inertia Reels	<input type="checkbox"/>	Extinguishers	<input type="checkbox"/>

Gloves	PVC	<input type="checkbox"/>	Rubber	<input type="checkbox"/>
Gas Detection	o2	<input type="checkbox"/>	CH4	<input type="checkbox"/>

Other, please specify . . . . PPE, Boots, Hard Hats, Over.

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10. Electrical Isolations/Energisation

Isolated/ Energised Equipment.. .....

Certificate Number: .....

Signed: .....

Registered Competent Person (Electrical)

2. Supervisors Checklist

Underground Utilities	<input type="checkbox"/>	Pressurised Flow Lines	<input type="checkbox"/>
Overhead Power Lines	<input type="checkbox"/>	Electrical Equipment	<input type="checkbox"/>
Access Required	<input type="checkbox"/>	Working Places	<input type="checkbox"/>
Adjacent Operations	<input type="checkbox"/>	Area Housekeeping	<input type="checkbox"/>
Flammable Materials	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>
Vessel Entry	<input type="checkbox"/>	Radiation	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Hazardous Substances	<input type="checkbox"/>
Overhead Work	<input type="checkbox"/>	Lighting	<input type="checkbox"/>
Other, please specify: .		Heat	<input type="checkbox"/>

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6. Precautions to be taken

Area to be barriered off ☐ Signs Erected ☐ Fire Watcher ☐

Other, please specify .....

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12. Task Supervisors Declaration

I have read and understood the precautions and requirements specified in this permit. I shall inform personnel under my control of their responsibilities under this permit.

Task Supervisor: ..... Date / Time: .....

3. Isolations Made

Electrical (See Section 10)	up to 400v	<input type="checkbox"/>	Lines Flushed and Purged	<input type="checkbox"/>
	above 400v	<input type="checkbox"/>	Vented and Ventilated	<input type="checkbox"/>
Instrument		<input type="checkbox"/>	Scaffold Erected	<input type="checkbox"/>
Mechanical (See Section 11)		<input type="checkbox"/>	Road / Access Closed	<input type="checkbox"/>
Drains Sealed		<input type="checkbox"/>		

Other, please specify: .....

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7. Radiography

Size of Source: ..... Type of Source: .....

Approximate Barrier Distance: .....

Emergency Equipment Availability Onsite Yes ☐ No ☐

Exposure Time: Start: ..... Time: ..... Date: .....

Finish: ..... Time: ..... Date: .....

Signed: ..... Contractor: .....

Company Radiation Protection Supervisor

Date: ..... Time: .....

13. Issuing Authority

The area to which this permit refers has been prepared for the work requested and all necessary precautions have been taken.

Transfer of Responsibility to Task Supervisor:

Issuing Authority ..... Date / Time: .....

4. Isolations Made

Electrical (See Section 10)	up to 400v	<input type="checkbox"/>	Lines Flushed and Purged	<input type="checkbox"/>
	above 400v	<input type="checkbox"/>	Vented and Ventilated	<input type="checkbox"/>
Instrument		<input type="checkbox"/>	Scaffold Erected	<input type="checkbox"/>
Mechanical (See Section 11)		<input type="checkbox"/>	Road / Access Closed	<input type="checkbox"/>
Drains Sealed		<input type="checkbox"/>		

Other, please specify: .....

.....

8. Vessel Entry / Confined Space

Standby Man	<input type="checkbox"/>	Pyrophoric Material	<input type="checkbox"/>
Air Movers	<input type="checkbox"/>	Hazardous Substance	<input type="checkbox"/>
Access Provided	<input type="checkbox"/>	Air Line / BA Sets	<input type="checkbox"/>

Other Precautions: .....

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14. Completion Declaration

The work to which this permit refers has been \*completed / suspended and the area has been cleared of associated equipment and materials. All personnel associated with the task have been removed from the work area.

Task Supervisor: ..... Date / Time: .....

5. Isolations Made

Electrical (See Section 10)	up to 400v	<input type="checkbox"/>	Lines Flushed and Purged	<input type="checkbox"/>
	above 400v	<input type="checkbox"/>	Vented and Ventilated	<input type="checkbox"/>
Instrument		<input type="checkbox"/>	Scaffold Erected	<input type="checkbox"/>
Mechanical (See Section 11)		<input type="checkbox"/>	Road / Access Closed	<input type="checkbox"/>
Drains Sealed		<input type="checkbox"/>		

Other, please specify: .....

.....

9. Gas Test

Oxygen (Min 19%, Max 20%) Test Frequency: .....

^Date / ^Time									
^Initials									

Flammable (0%)

^Date / ^Time									
^Initials									

Other, please specify: .....

^Date / ^Time									
^Initials									

15. Isolation Reinstatement (Mechanical)

All mechanical isolations have been removed and the equipment returned to its original position. Removal of isolations has been suspended.

Please Specify: .....

Signed: .....

Registered Competent Person (Mechanical)

6. Isolations Made

Electrical (See Section 10)	up to 400v	<input type="checkbox"/>	Lines Flushed and Purged	<input type="checkbox"/>
	above 400v	<input type="checkbox"/>	Vented and Ventilated	<input type="checkbox"/>
Instrument		<input type="checkbox"/>	Scaffold Erected	<input type="checkbox"/>
Mechanical (See Section 11)		<input type="checkbox"/>	Road / Access Closed	<input type="checkbox"/>
Drains Sealed		<input type="checkbox"/>		

Other, please specify: .....

.....

10. Gas Test

Oxygen (Min 19%, Max 20%) Test Frequency: .....

^Date / ^Time									
^Initials									

Flammable (0%)

^Date / ^Time									
^Initials									

Other, please specify: .....

^Date / ^Time									
^Initials									

16. Isolation Reinstatement (Electrical)

All isolations have been \*Removed / Suspended / Transferred to long term isolations.

Please Specify: .....

Signed: .....

Registered Competent Person (Electrical)

7. Isolations Made

Electrical (See Section 10)	up to 400v	<input type="checkbox"/>	Lines Flushed and Purged	<input type="checkbox"/>
	above 400v	<input type="checkbox"/>	Vented and Ventilated	<input type="checkbox"/>
Instrument		<input type="checkbox"/>	Scaffold Erected	<input type="checkbox"/>
Mechanical (See Section 11)		<input type="checkbox"/>	Road / Access Closed	<input type="checkbox"/>
Drains Sealed		<input type="checkbox"/>		

Other, please specify: .....

.....

11. Gas Test

Oxygen (Min 19%, Max 20%) Test Frequency: .....

^Date / ^Time									
^Initials									

Flammable (0%)

^Date / ^Time									
^Initials									

Other, please specify: .....

^Date / ^Time									
^Initials									

17. Permit Close Out

The work to which this permit applies has been completed / suspended and all necessary personnel have been informed.

Supervisor: ..... Date / Time: .....

Adjacent Issuing Authority: