

		<h1>Permit Revalidation</h1>		Permit No _____			
EVERYONE HAS THE AUTHORITY & OBLIGATION TO STOP UNSAFE WORK							
<input type="checkbox"/> LOW RISK (7 Day Max.)		<input type="checkbox"/> MEDIUM RISK - 7 Day Max		<input type="checkbox"/> HIGH RISK-12 Hr. Max			
<p>PERMIT MUST HAVE AN APPROVED JHA ATTACHED. REVALIDATION ONLY APPLIES TO PART A. THE MAXIMUM DURATION BETWEEN GAS TESTING IS 12 HOURS. USE THE AIR MONITORING EXTENTION FORM IF EXTRA SPACE IS NEEDED. PERMIT MUST BE REVALIDATED OR REISSUED AT OPERATIONS SHIFT CHANGE.</p>							
Day 2	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____		Day 1 Night Shift	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____	
	GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL _____ CO _____ ppm			GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL _____ CO _____ ppm	
		Iss. Site left safe and as agreed <input type="checkbox"/> Initial: _____				Iss. Site left safe and as agreed <input type="checkbox"/> Initial: _____	
Day 3	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____		Day 2 Night Shift	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____	
	GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm			GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL _____ CO _____ ppm	
		Iss. Site left safe and as agreed _____ Initial: _____				Iss. Site left safe and as agreed _____ Initial: _____	
Day 4	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____		Day 3 Night Shift	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____	
	GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other Sensitive Equipment Nearby /LEL <input type="checkbox"/> r Zone CO _____ ppm			GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm	
		Iss. Site left safe and as agreed _____ Initial: _____				Iss. Site left safe and as agreed _____ Initial: _____	
Day 5	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____		Day 4 Night Shift	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____	
	GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm			GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm	
		Iss. Site left safe and as agreed _____ Initial: _____				Iss. Site left safe and as agreed _____ Initial: _____	
Day 6	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____		Day 5 Night Shift	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____	
	GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm			GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm	
		Iss. Site left safe and as agreed _____ Initial: _____				Iss. Site left safe and as agreed _____ Initial: _____	
Day 7	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____		Day 6 Night Shift	Issuer REVAL	Name _____ Time _____ Sign _____ Date _____	
	GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm			GAS TEST	Name _____ Time _____ Det # _____ O2 _____ % H2S _____ ppm Other _____ LEL <input type="checkbox"/> _____ CO _____ ppm	
		Iss. Site left safe and as agreed _____ Initial: _____				Iss. Site left safe and as agreed _____ Initial: _____	
JOB COMPLETE							
PRINT _____ DATE _____		PRINT _____ DATE _____					
SIGN _____		SIGN _____					

Part A Continuation Log for Multiple JHA's (PART B TRACKING LOG)

[illegible]