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**MSW Initial/Refresher Training  
Work Authorization**



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# Work Authorization

# Training Objectives

## Objectives

- Personnel understand when a general permit to work, special permits and/or work plans are required
- Personnel understand how a permit to work is authorized and communicated
- Personnel must know their role and responsibilities within the Work Authorization





# Introduction

- Work Authorization refers to the authority to allow for work to happen. Not all work will require permit and the requirement is to be decided by the Task Consequence Catalogue as a guide.
- Permit to Work (PTW) is considered when work may adversely affect the safety of the workforce, the environment or the integrity of Chevron's assets.
- Permit to Work consists of three activities:
  - General Permit to Work
  - Specialized Permits
  - Work Plans

## Objectives of Permit to Work

- Authorize certain people to carry out specific work, at a specific location, during a specified time frame
- Facilitate communication of how the work process is controlled and who is in control
- Identify job scope and set the parameters by which to manage work
- Detail when work should be stopped



# Roles and Responsibilities



## Permit Holder/Requester

- Understands the planned work, and the relevant maintenance and emergency procedures
- Facilitate, review, and documents onsite Hazard Analysis
- Create and/or aid in the drafting of work permits and work plans
- Confirms isolation for equipment as described on Equipment Isolation Checklist
- Witness verification of zero energy prior to commencing work
- Conducts pre-job briefing and communicate work scope, potential hazards, mitigations, permit/work plan conditions to the work crew
- Communicates permit to applicable work team members and other involved personnel to check for Simultaneous Operations.
- Ensures gas tests are conducted as required by work permit.
- Jointly verifies with Permit Issuer / Approver that the conditions required to safely execute the job are in place.

## Permit Issuer

- Assures equipment is properly prepared and isolated prior to releasing work to the Permit Holder
- Review associated hazard analysis documents (JSA, PPHA, Start Work Checks)
- Participate in Pre-Job Safety Briefing for Critical Consequence work.
- Visit job site with Permit Holder prior to issuing permits
- Participates in permit renewal, and revalidation
- Closes out permit



# Roles and Responsibilities



## Area Controller

- For F&L, Operations Manager or M&C Project Manager
- Ensure work is being conducted in accordance with permits and hazard analysis documents

## Subject Matter Expert

- Specific HES and technical expertise (authorized electrical person, civil engineer, etc)



## High level Chevron Manager

- Approve critical consequence work activities (hot tapping; entry into inert atmospheres; isolation where positive physical isolation is required but cannot be reasonably achieved (Area Manager, Engineering Manager, and others)



# Permit to Work

## Requirements for conducting a PPHA

**A documented Planning Phase Hazard Analysis (PPHA) is required for:**

- SIMOPs activities
- Bypassing critical protections
- Confined space activities with special hazardous conditions
- Work on energized equipment over 50 volts
- Excavation activities requiring protective systems (e.g. shoring, bracing, sloping)
- Open flame hot work in a Hazardous (Classified) Area or inside a tank or vessel
- Hot tapping
- Activities requiring Positive Physical Isolation (PPI)
- Critical Lift Operations
- Any activities involving explosives
- Any activities requiring approval from a Chevron high level manager



# Permit to Work

- Document the work task to be performed in the General Work Permit Form
  - Complete all fields, as applicable
  - Self-permitting is never allowed
  - Permit shall have initial duration of 12 hours and permits extending beyond 12 hours will require a revalidation
- Prior to the issue of any type of permit a qualified person will carry out a site hazard assessment to identify any potential hazards associated with the work to be done.
- The hazard assessment will also identify any potential for flammable or toxic gases or vapours to be present.
- Permit Requestor and Permit Issuer / Approver shall jointly verify that the required conditions are in place prior to authorizing work.
  - Requires physical inspection of the Job Site.
  - All required conditions must be verified and in place before issuing the Permit to Work / Form.
  - Permit Issuer and the Permit Requestor initials the Permit or Form confirming that they have thoroughly checked & verified all the requirements are in place and functioning.





# PTW currently used within F&L

## Single PTW System

Americas Products Permit to Work			Permit No.
Field Title (Date and Site)	Valid To (Date and Site)	Permit Issued At	
Authorizer	Location	Approved By	Signature
Required to be on site at:	Location	Approved By	Signature
Job, Site Location:	Permit Valid To be Followed (Link to Scope/Description)		
Tasks and Equipment to be used:			
Precautions required (operability, maintenance, etc.):			
Working method of the job (e.g. the PTO for activities, PTO, etc.):			
Permit Expiration: <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 00:00 on 18/02/2021			
Permit Requirements (Checked changes or non-compliance):			
Check Additional Permits/Planes (Mark in blocks for required items):			
Emergency Response/Approval	Hot Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Hazardous Materials (Checked changes or non-compliance):			
Check Additional Permits/Planes (Mark in blocks for required items):			
Emergency Response/Approval	Hot Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature

## GWP + Form(s) PTW System

Chevron		General Work Permit	Permit No.
Chevron		Permit No.	Signature
Authorizer	Location	Approved By	Signature
Required to be on site at:	Location	Approved By	Signature
Job, Site Location:	Permit Valid To be Followed (Link to Scope/Description)		
Tasks and Equipment to be used:			
Precautions required (operability, maintenance, etc.):			
Working method of the job (e.g. the PTO for activities, PTO, etc.):			
Permit Expiration: <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 00:00 on 18/02/2021			
Permit Requirements (Checked changes or non-compliance):			
Check Additional Permits/Planes (Mark in blocks for required items):			
Emergency Response/Approval	Hot Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature
Confined Space/Work Permit	Permit No.	Signature	Signature

Confined Space Entry Permit		Permit No.
Authorizer	Location	Approved By
Required to be on site at:	Location	Approved By
Job, Site Location:	Permit Valid To be Followed (Link to Scope/Description)	
Tasks and Equipment to be used:		
Precautions required (operability, maintenance, etc.):		
Working method of the job (e.g. the PTO for activities, PTO, etc.):		
Permit Expiration: <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 00:00 on 18/02/2021		
Permit Requirements (Checked changes or non-compliance):		
Check Additional Permits/Planes (Mark in blocks for required items):		
Emergency Response/Approval	Hot Work Permit	Permit No.
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature

Hot Work Permit		Permit No.
Authorizer	Location	Approved By
Required to be on site at:	Location	Approved By
Job, Site Location:	Permit Valid To be Followed (Link to Scope/Description)	
Tasks and Equipment to be used:		
Precautions required (operability, maintenance, etc.):		
Working method of the job (e.g. the PTO for activities, PTO, etc.):		
Permit Expiration: <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 00:00 on 18/02/2021		
Permit Requirements (Checked changes or non-compliance):		
Check Additional Permits/Planes (Mark in blocks for required items):		
Emergency Response/Approval	Hot Work Permit	Permit No.
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature

Excavation Permit		Permit No.
Authorizer	Location	Approved By
Required to be on site at:	Location	Approved By
Job, Site Location:	Permit Valid To be Followed (Link to Scope/Description)	
Tasks and Equipment to be used:		
Precautions required (operability, maintenance, etc.):		
Working method of the job (e.g. the PTO for activities, PTO, etc.):		
Permit Expiration: <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 17:00 on 17/02/2021 <input type="checkbox"/> 00:00 on 18/02/2021		
Permit Requirements (Checked changes or non-compliance):		
Check Additional Permits/Planes (Mark in blocks for required items):		
Emergency Response/Approval	Hot Work Permit	Permit No.
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature
Confined Space/Work Permit	Permit No.	Signature

## Electronic PTW System



<b>Type</b>	: Non-Open Flame Permit
<b>Number</b>	: CRKG-010628
<b>State</b>	: Draft

### Permit Details

Site:	Cracking ABU
Planned Start Date:	13 Feb 2021
Planned End Date:	13 Feb 2021
Maximum Lifetime:	30 Days
Work Location:	SRU Unit #1
Offline Approval and Execution:	No
Equipment:	FRONT END SECTION (0125-FRNT) SULFUR TRANSFER PUMP (P-2101)
Tools/Equipment to be used:	Hand tools, Picker
Work Order:	590352-019
Lead Craft:	Pipefitter/Boilermaker
Isolation Requirement:	Yes
External Hazard Analysis / Consequence plan:	No
Revalidate by Permit Approver Required?	No

### Attached Certificates

Isolation Certificate:	CRKG-008736
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### Signature History

Signature	Signee	Date	Company
Signature	Print Name	Sign	Date/Time Company

Draft



# Permit to Work – Single PTW System

## Generate a General Permit to Work

- Document the work task to be performed in the General Work Permit Form
  - Complete all fields, as applicable
  - Self-permitting is never allowed
  - Initial permit issuance duration not to exceed 12 hours
  
- General Permit to Work, Confined Space Entry Permit, Excavation Permit, Working at Heights Permit, and Hot Work Permits has been combined into one streamlined permit.

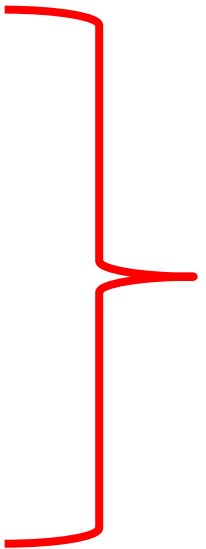
Additional forms such as fall rescue plans, equipment isolation lists, and critical lift plans will still be required for the associated work activity

Americas Products Permit to Work		Permit No:
Part of Job Site		
Valid From (Date and Time):	Valid To (Date and Time):	Approved By:
Equipment to be used at Job Site Location: (Mark ALL THAT APPLY to the following (List scope/Description))		
Tools and Equipment to be used:		
Processes required (operating, maintenance, etc.):		
Process(es) to be performed: <input type="checkbox"/> Live <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Other		
Process Hazards (Include changes to the installation):		
Check Additional Permit(s) Plans (Mark in Section for required Permit)		
Process Hazards/Approval:	Hot Work Plan	LOTO Plan
Confined Space/Isolation List		Description of LOTO Activities
Confined Space Rescue Plan		
Critical Lift Plan		
Overhead Mechanical Work		
PTW Requirements Above the Work:		
Drugs:		
Personal Fall Arrest:		
Rescue:		
Supplied Air:		
Other:		
Additional Requirements (Mark in Section for associated activity)		
Confined Space	<input type="checkbox"/> Confined Space Job (See below for details) <input type="checkbox"/> Confined spaces or its special features characteristics (Contains any recognized potential safety or health hazard) <input type="checkbox"/> Unrecognized (isolated and uncontrolled) hazardous atmospheres, equipment, accessories, safety and health hazards exist	<input type="checkbox"/> Verified (if needed) Rescue Plan Documented, Reviewed and Understood Temporary Shovel Station Positive Physical Isolation (Blinds installed or spools removed, etc.) Temperature and pH (5.0) or pH-Acceptable Range for Safety Mechanical Ventilation in Place and Verified to a safe location Confined Space to under air test atmosphere Hazardous Characteristics Procedures
Work at Heights	<input type="checkbox"/> Verified (if needed) Identify Permits Contact for Emergency Response Rescue Required on site Life Vial Required Life Ring Required Area Barred/Mark Restricted Workers informed about Hazards of Equipment Site Inspection Surface Checked/Supported/Revised Fall arrest beyond allowed for potential fall distance	<input type="checkbox"/> Verified (if needed) Heat Stress Monitoring All Necessary Fire Fighting Equipment at Job Site Provide Staff Safety for Entry Points above 6 feet Provide Rescue Team Sufficient Flood Lighting
Excavation	<input type="checkbox"/> Verified (if needed) Underground piping verified and marked Underground electric cables verified and marked Underground utilities (e.g. piping) verified and marked Underground piping isolation required Underground electric cables isolation required Underground utilities (e.g. natural gas) isolation required Above ground services (e.g. electrical) have been identified Above ground isolation required	<input type="checkbox"/> Verified (if needed) Barlocks needed to prevent unauthorized access Safe Access Isolation/Restriction provided Excavation shoring/shielded/monitored as required Excavation will not affect work in progress
Hot Work	<input type="checkbox"/> Verified (if needed) Hot Tapping (Welding on Equipment in service) Approved Fire Watch at Job Site Hot Name Positive Physical Isolation (Blinds installed or spools removed, etc.) Continuous ventilation during hot work arranged Area barricaded and marked Combustibles and Flammables removed (30 ft) or Protected Draining, Depressuring, Purging, Flushing	<input type="checkbox"/> Verified (if needed) Chain or Blk (30 feet covered) tagged Additional Fire Watch Required Hot Name Fire extinguishers located at Single site Fire Insaltable Tools on site Spark Containment (e.g. Fire Blanket, Wet Area) Smoking not Allowed



# Permit to Work – Single PTW System

Americas Products Permit to Work		Permit No:
Post at Job Site		
Valid from (date and time):	Valid To (date and time):	# of personnel:
Requester:	Company:	JSA: <input type="checkbox"/> See attached <input type="checkbox"/> Number:
Equipment to be worked on:		
Job Site Location:		
Work LIMITED to the following (Job scope/Description)		
Tools and Equipment to be used:		
Procedures required (operating, maintenance, etc.):		
Previous content of Tank/Equipment: See SDS for safety & health hazards		
Task Consequence: <input type="checkbox"/> Low (7 days max) <input type="checkbox"/> High (7 days max) <input type="checkbox"/> Critical (12 hours only)		
Sensitive Equipment Nearby:		
Process Hazards (Discuss changes when revalidated)		
Check Additional Forms/Plans (Mark in the box for required items)		
Bypass Register/Approval <input type="checkbox"/>		
Commercial Dive Operations <input type="checkbox"/>		
Confined Space Rescue Plan <input type="checkbox"/>		
Critical Lift Plan <input type="checkbox"/>		
Energized Electrical Work <input type="checkbox"/>		
PPE Requirements Above the Basic		
Goggles <input type="checkbox"/>		
Faceshield <input type="checkbox"/>		
Harness <input type="checkbox"/>		
Supplied Air <input type="checkbox"/>		
SCBA <input type="checkbox"/>		
Additional: _____		
The following are required in addition to those requirements listed on the associated scope by:		
Confined Space	<input type="checkbox"/> Confined spaces to be worked on have been identified (Contains any recognized potential safety or health hazard)	<input type="checkbox"/> Designated (isolated and no potential hazardous atmosphere, equipment, accessories, safety and health hazards exist)
	Verified (if needed)	Verified (if needed)
Works at Heights	<input type="checkbox"/> Standby Person: _____	<input type="checkbox"/> Contact for Emergency Response: _____
	Verified (if needed)	Verified (if needed)
Excavation	<input type="checkbox"/> Underground piping verified and marked	<input type="checkbox"/> Underground utilities verified and marked
	Verified (if needed)	Verified (if needed)
Hot Work	<input type="checkbox"/> Hot Tapping (Welding on Equipment in service)	<input type="checkbox"/> Approved Hot Work at Job Site
	Verified (if needed)	Verified (if needed)



Americas Products Permit to Work		Permit No:
Post at Job Site		
Valid from (date and time):	Valid To (date and time):	# of personnel:
Requester:	Company:	JSA: <input type="checkbox"/> See attached <input type="checkbox"/> Number:
Equipment to be worked on:		
Job Site Location:		
Work LIMITED to the following (Job scope/Description)		
Tools and Equipment to be used:		
Procedures required (operating, maintenance, etc.):		
Previous content of Tank/Equipment: See SDS for safety & health hazards		
Task Consequence: <input type="checkbox"/> Low (7 days max) <input type="checkbox"/> High (7 days max) <input type="checkbox"/> Critical (12 hours only)		
Sensitive Equipment Nearby:		
Process Hazards (Discuss changes when revalidated)		
Check Additional Forms/Plans (Mark in the box for required items)		
Bypass Register/Approval <input type="checkbox"/>		
Commercial Dive Operations <input type="checkbox"/>		
Confined Space Rescue Plan <input type="checkbox"/>		
Critical Lift Plan <input type="checkbox"/>		
Energized Electrical Work <input type="checkbox"/>		
PPE Requirements Above the Basic		
Goggles <input type="checkbox"/>		
Faceshield <input type="checkbox"/>		
Harness <input type="checkbox"/>		
Supplied Air <input type="checkbox"/>		
SCBA <input type="checkbox"/>		
Additional: _____		

- The streamlined Permit to Work will require the same general information as before
- If there are changes such as number of personnel, job scope, etc. they can be noted on the respective permit section, initialed and dated



# Permit to Work – Single PTW System

- Forms shall be printed when needed

Americas Products Permit to Work		Permit No:
Post at Job Site		
Valid from (date and time):	Valid To (date and time):	# of personnel:
Requester:	Company:	JSA: <input type="checkbox"/> See attached <input type="checkbox"/> Number:
Equipment to be worked on:		
Job Site Location:		
Work LIMITED to the following (Job scope/Description)		
Tools and Equipment to be used:		
Procedures required (operating, maintenance, etc.):		
Previous content of Tank/Equipment:		See SDS for safety & health hazards
Task Consequence: <input type="checkbox"/> Low (7 days max) <input type="checkbox"/> High (7 days max) <input type="checkbox"/> Critical (12 hours only)		
Sensitive Equipment Nearby:		
Process Hazards (Discuss changes when revalidated)		
Check Additional Forms/Plans (Mark in the box for required items)		
Bypass Register/Approval	<input type="checkbox"/> Fall Rescue Plan	<input type="checkbox"/> SIMOPs Plan <input type="checkbox"/>
Commercial Dive Operations	<input type="checkbox"/> Equipment Isolation List	<input type="checkbox"/> Description of SIMOPs Activities:
Confined Space Rescue Plan	<input type="checkbox"/>	
Critical Lift Plan	<input type="checkbox"/>	
Energized Electrical Work	<input type="checkbox"/>	
PPE Requirements Above the Basic		
Goggles	<input type="checkbox"/> Glove Type: _____	
Faceshield	<input type="checkbox"/> Footwear Type: _____	
Harness	<input type="checkbox"/> Half Face - Cartridge Type _____	
Supplied Air	<input type="checkbox"/> Full Face - Cartridge Type _____	
SCBA	<input type="checkbox"/> Additional: _____	

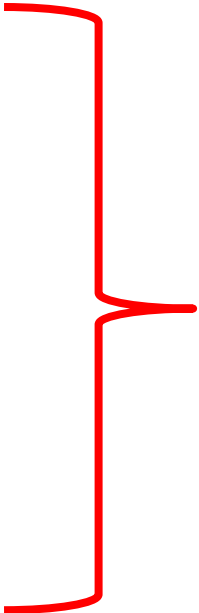


- Retail and ISC Facility Permit Nos. will be the Facility Number/SAP Plant number, date & time (ex. 21044473019800)



# Permit to Work – Single PTW System

Americas Products Permit to Work		Permit No.
Post at Job Site		
Valid From (date and time)	Valid To (date and time)	Not personnel
Discipline	Division	JOB: <input type="checkbox"/> Operational <input type="checkbox"/> Upgrade
Equipment to be worked on:		
Job Site Location:		
Please LISTEN to the following Job scope/Description:		
Tasks and Equipment to be used:		
Procedures required (operating, maintenance, etc.):		
Permit duration of Job/Task(s): <input type="checkbox"/> Day (07:00-19:00) <input type="checkbox"/> Night (19:00-07:00) <input type="checkbox"/> Other (12 hours shift)		
Permit Description: <input type="checkbox"/> Live (12 hours shift) <input type="checkbox"/> Hot (12 hours shift) <input type="checkbox"/> Cold (12 hours shift)		
Specialized Equipment/Tools:		
Process Hazards (Choose changes in how installed):		
Check Additional Permit Sections (Mark in Section for required items):		
Specialized Personnel	Permit Section No.	Description of Specialized Activities
Confined Space Rescue Plan	Equipment Section List	
Confined Space Permit		
Emergency Medical Work		
PPE Requirements Above the Work:		
Helmet	Shoe Type	
Face Shield	Footwear Type	
Harness	Full Face - Cartridge Type	
Supplied Air	Full Face - Cartridge Type	
SCBA	Additional	
The following are required in addition to those requirements listed on the associated section:		
Confined Space	<input type="checkbox"/> This Confined Space has been classified as: Confined space or B) special hazardous characteristics (Contains any recognized/potential safety or health hazard) One or more (or a combination) of the following characteristics: equipment, atmosphere, safety and health hazards exist)	
	Verified (if needed): Rescue Plan Documented, Reviewed and Understood Temporary Shoring or Bracing Positive Physical Isolation (Blinds installed and spools removed, etc.) Temperature and (H <sub>2</sub> S) or SO <sub>2</sub> Acceptable Range for Entry Mechanical ventilation in Place and Verified for safe location Confined Space to under an inert atmosphere Hazardous Characteristics Procedures	Verified (if needed): Hot Work Monitoring All Necessary Fire Fighting Equipment at Job Site Provide Staffing for Entry Points above 10 feet On-site Rescue Team Sustained Flood Lighting
Work at Heights	Verified (if needed): Standby Person Contact for Emergency Response Rescue Equipment on site Life Line Required Area Belts - Work Restrainted Distances informed about Hazards of Equipment Site Inspection Surface Obstacles - Supported/Removed Fall arrest beyond alert for potential fall distance	
	Verified (if needed): Underground piping verified and marked Underground electric cables verified and marked Underground utilities (e.g. piping) verified and marked Underground piping isolation required Underground electric cables isolation required Underground utilities (e.g. natural gas) isolation required Above ground services (e.g. electrical) have been identified Above ground isolation required	Verified (if needed): Bar booms needed to prevent uncontrolled access Safe Access Information as applicable provided Rescue plan also reviewed/verified as required Rescue plan will not affect work in progress
Hot Work	Verified (if needed): Hot Tapping (Welding on Equipment in service) Approved Hot Work at Job Site Hot Name Positive Physical Isolation (Blinds installed and spools removed, etc.) Continuous ventilation during hot work at change Area barricaded and marked Condensates and Flammables removed (SCF) or Protected Drinking, Decontaminating, Rinsing, Flushing	Verified (if needed): Chain or Bin (30 feet covered/dagged) Additional Fire Watch Required Hot Name Fire extinguishers located at Entry site Fire hose/Water hose on site Spark Containment (e.g. Fire Blanket, VM Area) Welding set Grounded



- Check the boxes associated with the specialized activity that applies to the work and check the applicable requirements for each
- Verifications of these requirements should be done by the individuals performance the work in conjunction with any associated Essentials Checklist



# Permit to Work – Single PTW System

Americas Products Permit to Work		Permit No.
Post at Job Site		
Valid From (Date and Time)	Valid To (Date and Time)	# of personnel
Company	Division	APL <input type="checkbox"/> Shell <input type="checkbox"/> Inco
Equipment to be worked on:		
Job Site Location:		
Plan to be followed to be followed (Link to scope description)		
Tasks and equipment to be used:		
Procedures required (operating, maintenance, etc.):		
Previous history of this equipment: See 2020 for safety & health incidents		
Risk Description: <input type="checkbox"/> Low (1-3) <input type="checkbox"/> Med (4-6) <input type="checkbox"/> High (7-10) work activity		
Special Requirements/Notes:		
Process Hazards (Check changes to be installed)		
Check Additional Forms/Plans (Mark in the box for required items)		
Bypass Register/Approval	Fall Rescue Plan	SIMOPs Plan
Commercial Dive Operations	Equipment Isolation List	Description of SIMOPs Activities:
Confined Space Rescue Plan		
Critical Lift Plan		
Energized Electrical Work		
PPE Requirements (Above the Neck)		
Goggles	Shoe Type	
Footwear	Workwear Type	
Headwear	Hand Protection - Cartridge Type	
Supplied Air	Hand Protection - Cartridge Type	
SCBA	Additional	
The information provided in addition to these requirements listed on the associated permits:		
Confined Space	<input type="checkbox"/> Confined Space has been identified as	<input type="checkbox"/> Confined spaces or its special hazardous characteristics (Carbide any recognized potential safety or health hazard)
	<input type="checkbox"/> Designated (physical and/or potential hazardous atmosphere, equipment, access/egress, safety and health hazards exist)	<input type="checkbox"/> Designated (physical and/or potential hazardous atmosphere, equipment, access/egress, safety and health hazards exist)
Work at Heights	<input type="checkbox"/> Verified (if needed)	<input type="checkbox"/> Verified (if needed)
	<input type="checkbox"/> Rescue Plan Documented, Reviewed and Understood	<input type="checkbox"/> Heat Stress Monitoring
Excavation	<input type="checkbox"/> Verified (if needed)	<input type="checkbox"/> Verified (if needed)
	<input type="checkbox"/> Underground piping verified and marked	<input type="checkbox"/> Barriercodes needed to prevent unauthorized access
Hot Work	<input type="checkbox"/> Verified (if needed)	<input type="checkbox"/> Verified (if needed)
	<input type="checkbox"/> Hot Tapping (Welding or Equipment in service)	<input type="checkbox"/> Hot Tapping (Welding or Equipment in service)



Check Additional Forms/Plans (Mark in the box for required items)					
Bypass Register/Approval	<input type="checkbox"/>	Fall Rescue Plan	<input type="checkbox"/>	SIMOPs Plan	<input type="checkbox"/>
Commercial Dive Operations	<input type="checkbox"/>	Equipment Isolation List	<input type="checkbox"/>	Description of SIMOPs Activities:	
Confined Space Rescue Plan	<input type="checkbox"/>				
Critical Lift Plan	<input type="checkbox"/>				
Energized Electrical Work	<input type="checkbox"/>				

- Some standalone forms/plans are still required for applicable work activities
- Those forms shall be included in the overall permit package for the activity
- Form/plan requirements can be in found in the applicable Safe Work Practice



# Permit to Work – Single PTW System (2<sup>nd</sup> Page)

Gas Testing Requirements (All gas testing to be performed by a Qualified Gas Tester, <i>Record gas test results on gas testing log</i> )									
<input type="checkbox"/> Not required	<input type="checkbox"/> Initial	<input type="checkbox"/> Hourly	<input type="checkbox"/> Every ___ Hours		Continuous: record gas test results every: 1 hr Other _____				
Gas Testing Requirements determined by Qualified Gas Tester Name: _____ Date: _____									
Gas Test Time	LEL % (0%)	O2%	H2S ppm	CO ppm	Other	Process/SIMOPS	Permit Holder (Print)	Permit Issuer (Print)	Date
					Initial Discussion				
Permit Approval and Acceptance									
Permit Approver: (I agree the scope of work can be carried out provided all conditions specified on this permit and associated RA and permits/plans are met) Name: _____ Signature: _____ Date: _____ Time: _____									
Permit Issuer: (I understand and agree to Permit conditions and have communicated all conditions with Permit Users) Name: _____ Signature: _____ Date: _____ Time: _____									
Revalidation Authorization and Gas Testing Summary									
Gas Test Time	LEL % (0%)	O2%	H2S ppm	CO ppm	Other	Process/SIMOPS	Permit Holder (Print)	Permit Issuer (Print)	Date
					Discussed Changes <input type="checkbox"/>				
					Discussed Changes <input type="checkbox"/>				
					Discussed Changes <input type="checkbox"/>				
					Discussed Changes <input type="checkbox"/>				
					Discussed Changes <input type="checkbox"/>				
					Discussed Changes <input type="checkbox"/>				
					Discussed Changes <input type="checkbox"/>				
Permit Cancellation									
Permit Approver: (The worksite has been returned to normal operating conditions) Name: _____ Signature: _____ Date: _____ Time: _____									
Permit Issuer: (Work is completed and a closedout discussion with the crew has been conducted and documented) Name: _____ Signature: _____ Date: _____ Time: _____									



Gas Testing Requirements (All gas testing to be performed by a Qualified Gas Tester, <i>Record gas test results on gas testing log</i> )									
<input type="checkbox"/> Not required	<input type="checkbox"/> Initial	<input type="checkbox"/> Hourly	<input type="checkbox"/> Every ___ Hours		Continuous: record gas test results every: 1 hr Other _____				
Gas Testing Requirements determined by Qualified Gas Tester Name: _____ Date: _____									
Gas Test Time	LEL % (0%)	O2%	H2S ppm	CO ppm	Other	Process/SIMOPS	Permit Holder (Print)	Permit Issuer (Print)	Date
					Initial Discussion				

- Fill out the gas testing requirements applicable to the specialized activities in the sections on page 1.

Confined Space Entry Log				
Maximum Simultaneous Entrants:				
Name	Time In	Time Out	Time In	Time Out

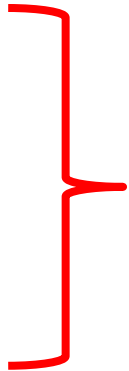






# Permit to Work – Single PTW System (2<sup>nd</sup> Page)

Gas Testing Requirements (All gas testing to be performed by a Qualified Gas Tester. Record gas test results on gas testing log)									
<input type="checkbox"/> Not required	<input type="checkbox"/> Initial	<input type="checkbox"/> Hourly	<input type="checkbox"/> Every ___ Hours	Continuous: record gas test results every: 1 hr Other _____					
Gas Testing Requirements determined by Qualified Gas Tester Name: _____ Date: _____									
Gas Test Time	LEL % (0%)	O2%	H2S ppm	CO ppm	Other	Process/SIMOPS	Permit Holder (Print)	Permit Issuer (Print)	Date
							Initial Discussion		
Permit Approval and Acceptance									
Permit Approver: (I agree the scope of work can be carried out provided all conditions specified on this permit and associated HR and permits/plans are met) Name: _____ Signature: _____ Date: _____ Time: _____									
Permit Issuer: (I understand and agree to Permit conditions and have communicated all conditions with Permit Users) Name: _____ Signature: _____ Date: _____ Time: _____									
Revalidation Authorization and Gas Testing Summary									
Gas Test Time	LEL % (0%)	O2%	H2S ppm	CO ppm	Other	Process/SIMOPS	Permit Holder (Print)	Permit Issuer (Print)	Date
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
Permit Cancellation									
Permit Approver: (The workite has been returned to normal operating conditions) Name: _____ Signature: _____ Date: _____ Time: _____									
Permit Issuer: (Work is completed and a closeout discussion with the crew has been conducted and documented) Name: _____ Signature: _____ Date: _____ Time: _____									



Revalidation Authorization and Gas Testing Summary									
Gas Test Time	LEL % (0%)	O2%	H2S ppm	CO ppm	Other	Process/SIMOPS	Permit Holder (Print)	Permit Issuer (Print)	Date
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		
							Discussed Changes		

- Additional gas testing results from initial, as well as gas testing necessary as a result of permit revalidation, shall be documented here
- Revalidation approval is also documented within this section

Confined Space Entry Log				
Maximum Simultaneous Entrants				
Name	Time In	Time Out	Time In	Time Out



# Permit to Work – Single PTW System (2<sup>nd</sup> Page)

Gas Testing Requirements (All gas testing to be performed by a Qualified Gas Tester. Record gas test results on gas testing log)											
<input type="checkbox"/> Not required	<input type="checkbox"/> Initial	<input type="checkbox"/> Hourly	<input type="checkbox"/> Every ___ Hours	Continuous record gas test results every:						<input type="checkbox"/> 1 hr	<input type="checkbox"/> Other _____
Gas Testing Requirements determined by Qualified Gas Tester				Name: _____						Date: _____	
Gas Test Type	LEL % (O <sub>2</sub> )	O <sub>2</sub> %	H <sub>2</sub> S ppm	CO ppm	Other	Process/SMOFS	Permit Holder (PHH)	Permit Issuer (PIH)	Date		
<b>Permit Approval and Acceptance</b>											
Permit Approver: (I agree the scope of work can be carried out provided all conditions specified on this permit and associated IA and permits/plans are met)											
Name: _____			Signature: _____			Date: _____		Time: _____			
Permit Issuer: (I understand and agree to permit conditions and have communicated all conditions with Permit Users)											
Name: _____			Signature: _____			Date: _____		Time: _____			
Revalidation Authorization and Gas Testing Summary											
Gas Test Type	LEL % (O <sub>2</sub> )	O <sub>2</sub> %	H <sub>2</sub> S ppm	CO ppm	Other	Process/SMOFS	Permit Holder (PHH)	Permit Issuer (PIH)	Date		
							Discussed Changes <input type="checkbox"/>				
							Discussed Changes <input type="checkbox"/>				
							Discussed Changes <input type="checkbox"/>				
							Discussed Changes <input type="checkbox"/>				
							Discussed Changes <input type="checkbox"/>				
							Discussed Changes <input type="checkbox"/>				
							Discussed Changes <input type="checkbox"/>				
<b>Permit Cancellation</b>											
Permit Approver: (The worksite has been returned to normal operating conditions)											
Name: _____			Signature: _____			Date: _____		Time: _____			
Permit Issuer: (Work is completed and a closed-out discussion with the crew has been conducted and documented)											
Name: _____			Signature: _____			Date: _____		Time: _____			

- Record confined space entrants in the confined space entry log if confined space entry is one of the selected specialized activities

<input type="checkbox"/> N/A Confined Space Entry Log				
Maximum Simultaneous Entrants: _____				
Name	Time In	Time Out	Time In	Time Out

<input type="checkbox"/> N/A Confined Space Entry Log				
Maximum Simultaneous Entrants: _____				
Name:	Time In:	Time Out:	Time In:	Time Out:



# Permit to Work – Single PTW System (2<sup>nd</sup> Page)

Gas Testing Requirements (All gas testing to be performed by a Qualified Gas Tester. Record gas test results on gas testing log)									
<input type="checkbox"/> Not required	<input type="checkbox"/> Initial	<input type="checkbox"/> Hourly	<input type="checkbox"/> Every ___ Hours	Continuous: record gas test results every:					
Gas Testing Requirements determined by Qualified Gas Tester				<input type="checkbox"/> 1 hr <input type="checkbox"/> Other _____					
Name: _____									
Date: _____									
Gas Test Type	LEL % (2%)	CO%	H2S ppm	CO ppm	Other	Process/SMD/PS	Permit Holder (Print)	Permit Issuer (Print)	Date
<b>Permit Approval and Acceptance</b>									
Permit Approver: (I agree the scope of work can be carried out provided all conditions specified on this permit and associated PA and permits/plans are met)									
Name: _____			Signature: _____			Date: _____		Time: _____	
Permit Issuer: (I understand and agree to Permit conditions and have communicated all conditions with Permit Users)									
Name: _____			Signature: _____			Date: _____		Time: _____	
Revalidation Authorization and Gas Testing Summary									
Gas Test Type	LEL % (2%)	CO%	H2S ppm	CO ppm	Other	Process/SMD/PS	Permit Holder (Print)	Permit Issuer (Print)	Date
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
						Discussed Changes <input type="checkbox"/>			
<b>Permit Cancellation</b>									
Permit Approver: (The worksite has been returned to normal operating conditions)									
Name: _____			Signature: _____			Date: _____		Time: _____	
Permit Issuer: (Work is completed and a closeout discussion with the crew has been conducted and documented)									
Name: _____			Signature: _____			Date: _____		Time: _____	
Confined Space Entry Log									
<input type="checkbox"/> N/A									
Maximum Simultaneous Entrants:									
Name	Time In	Time Out	Time In	Time Out					

- By signing the permit closure portion of the permit, the Permit Issuer and Permit Holder are acknowledging that work has been completed and a closeout discussion with the work team has been conducted

Permit Closure			
Permit Approver: (The worksite has been returned to normal operating conditions)			
Name: _____	Signature: _____	Date: _____	Time: _____
Permit Issuer: (Work is completed and a closeout discussion with the crew has been conducted and documented)			
Name: _____	Signature: _____	Date: _____	Time: _____











# Permit to Work – GWP + Forms PTW System

- The General Work Permit is divided into 3 sections “A”, “B” and “C”:
  - “A” (request for work) to be completed by the Permit Requester/Holder and submitted to the Permit Issuer”
  - “B” to be completed by Permit Issuer
  - “C” will require designated parties to sign as applicable.
- Only the Permit Issuer can make changes to the information on the forms and changes **MUST** be made on all copies and **COMMUNICATED** to Permit Requester/Holder.
  - One exception is, addition gas test results may be recorded on copy posted at the job site
- Local variations to the format are allowed if the permit meets the design requirements of the Permit to Work Standard.
- Relevant forms (Hot Work Form / Confined Space Entry Form / Excavation Form / Work at Heights Form) will accompany the GWP as according to the work description.

The image shows a detailed Chevron General Work Permit form (GWP001). It is divided into three main sections: Section A (Request for Work), Section B (Permit Issuer), and Section C (Approval and Acceptance). Section A includes fields for permit validity, location, and a table for gas test results. Section B contains safety checklists for various hazards like fire, electrical, and falling objects. Section C includes signature lines for the permit holder, issuer, and other relevant parties.

This is a Confined Space Entry Form, used for authorizing entry into confined spaces. It includes a checklist of safety measures to be taken before entry, such as testing for atmospheric hazards, isolating the space, and providing ventilation. It also has signature lines for the permit holder and issuer.

This is a Hot Work Form, used for authorizing hot work activities like welding, grinding, or cutting. It includes a checklist of safety measures such as fire watches, fire extinguishers, and removal of flammable materials. It also has signature lines for the permit holder and issuer.

This is an Excavation Form, used for authorizing excavation work. It includes a checklist of safety measures such as shoring, trench shields, and safe access/egress. It also has signature lines for the permit holder and issuer.





# Permit to Work – GWP + Forms PTW System

Both Permit Issuer and Permit Holder are required to initial next to each item checked in Section B on GWP and all other relevant forms

Gas Test Results										
<input type="checkbox"/> Check if a Gas Test is required (Note: Gas Test for Hot Work & Confined Space Entry required recorded on relevant permit form)										
Date(mm/dd/yy)	Time	% LEL	% O2	H2S ppm	Other	Results	Other	Results	Instrument	GGT Initials
/ /										
/ /										
/ /										
/ /										
/ /										
<input type="checkbox"/> Check if continuous Gas Testing is required throughout Job										
<input checked="" type="checkbox"/> Permit Issuer to Check items required below and once verified as completed, the Permit Issuer to initial Form										
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory protection required List type required: _____								
<input type="checkbox"/>	<input type="checkbox"/>	Standby person required during performance of work								
<input type="checkbox"/>	<input type="checkbox"/>	PPE equipment and/or clothing required List: _____								
<input type="checkbox"/>	<input type="checkbox"/>	Equipment required to be depressurized ( <b>see Note 1 below</b> )								
<input type="checkbox"/>	<input type="checkbox"/>	Equipment required to be drained ( <b>see Note 1 below</b> )								
<input type="checkbox"/>	<input type="checkbox"/>	All energy sources to equipment isolated, locked and tagged (Lock-out & Tag-Out) ( <b>see Note 1 below</b> )								
<input type="checkbox"/>	<input type="checkbox"/>	MSDS provided, hazards reviewed List Chemical: _____								
<input type="checkbox"/>	<input type="checkbox"/>	Area is required to be barricaded ( <b>see Note 1 below</b> )								
<input type="checkbox"/>	<input type="checkbox"/>	Approved 2-way radio required on site								
<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection is required								
<input type="checkbox"/>	<input type="checkbox"/>	Approved Scaffolding is required to perform the job task								
<input type="checkbox"/>	<input type="checkbox"/>	Contractor is required to provide an HES Plan								
<input type="checkbox"/>	<input type="checkbox"/>	The work requires a Management Of Change (MOC) completed								
<input type="checkbox"/>	<input type="checkbox"/>	Additional instructions, conditions and/or requirements Listed Below have been met								
List additional hazards, equipment or site precautions, special requirements or instructions:										
<b>Note 1 - Generally requires a separate General Work Permit to complete this preparatory work</b>										

SECTION "B"



# Permit to Work – GWP + Forms PTW System

- Permit Approval, Extension, Renewal and close out are in Section C
- Wet signatories are required as according to dedicated roles.

**SECTION "C"**

**Approval and Acceptance Sections**

My signature indicates that I fully understand and will fully comply with all conditions and requirements of this General Work Permit.  
 Permit Requester/Holder: \_\_\_\_\_ / / (mm/dd/yy)

My signature below indicates that if all requirements and conditions of this General Work Permit remain in effect the work can be performed safely. Note: Gas Test results (if required) to be recorded on this form or on an attached Gas Test Record Sheet.  
 Permit Issuer: \_\_\_\_\_ / /  
Issued/Valid authorized start time

Permit Approver (if required) \_\_\_\_\_ / / (mm/dd/yy)

**General Work Permit Extension Section (Total maximum permit time is limited to 16 hrs per day)**

**Note:** A General Work Permit may be extended from dayshift into night shift, but only by that shifts' (work period's) Permit Issuer  
 Date: \_\_\_\_\_ / / (dd/mm/yy) Extension Time From: \_\_\_\_\_ To: \_\_\_\_\_  
 Permit Issuer: \_\_\_\_\_ Permit Requester/Holder: \_\_\_\_\_

**Permit Renewal Section**

My signature below indicates all requirements and conditions of this GWP remain in effect and the work can be performed safely. Note: Gas Test results (if required) to be recorded on this form or on an attached Gas Test Record Sheet.

DATE (mm/dd/yy)	Valid From: (Start Time)	Valid To: (Stop Time)	Permit Holder	Permit Issuer	Extend to:	Permit Holder	Permit Issuer
/ /							
/ /							
/ /							
/ /							

**Permit Closeout Section**

Job Task Completed Work Permit Accepted Back By: \_\_\_\_\_ Date: / /

Job Task **Not** Completed Job task carried forward for work under Permit No.: \_\_\_\_\_

Page 1 - Field Copy Page 2 - Office Copy Revised:11/01/2008

**Permit Approval Section**

**Permit Extension Section**

**Permit Renewal Section**

**Permit Closeout Section**





# Permit to Work – GWP + Forms PTW System

- Revalidation requires the Permit Issuer to verify and document that all conditions and requirements on the permit and forms remain in effect.
- Revalidation is documented on the Pre-Job Safety Briefing Tool.

General Work Permit and Forms revalidated  AM  PM  
*Does not include revalidation for permit extension or renewals by (Permit Issuer Initials)*

## PRE-JOB SAFETY BRIEFING TOOL

ASSOCIATED GENERAL WORK PERMIT NO. \_\_\_\_\_

**Objective:** The pre-job briefing is used to communicate the scope and location of work, hazards, conditions, restrictions, and mitigation controls to enable the safe completion of work. A new Pre-job Safety Briefing Tool is required each day.

<b>Scope - Discuss Scope of Work to be Performed and Limiting Conditions.</b> - What are the limiting conditions and/or job restrictions, if any, for the planned work (e.g. no work after dark, restrictive weather conditions, time limits, 0% LEL):  - Additional clarification to scope beyond work description as described on GWP and associated forms:	<b>Check topics discussed</b> <input type="checkbox"/> Work scope as identified on the GWP and associated forms <input type="checkbox"/> Onsite task location (e.g., TTLR, tank farm, tanks, canopy, etc.) <input type="checkbox"/> Identification of equipment to be worked on (tank #, dispenser #, etc.)
<b>SWP Standards:</b> Based on the Scope of work described above, discuss which SWP standard apply and identify all permits/forms that will be needed.	<b>Check</b> <input type="checkbox"/> General Work <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Work at Heights <input type="checkbox"/> Excavation <input type="checkbox"/> Energized Electrical <input type="checkbox"/> Isolation / Lockout-Tagout <input type="checkbox"/> Other
<input type="checkbox"/> Site-specific JLA/JSA/JHA(s) developed and discussed for all tasks. <input type="checkbox"/> Job steps identified in each JLA/JSA/JHA(s) discussed <input type="checkbox"/> Hazards, risks and potential losses identified for each job step identified was discussed <input type="checkbox"/> Control measures identified for each hazard, risk and potential loss identified was discussed	List task for which JLA/JSA/JHA(s) have been developed: _____ _____ _____
<b>Discuss Exposures</b> (check exposures discussed)	<input type="checkbox"/> Flammability <input type="checkbox"/> Toxicity <input type="checkbox"/> Oxygen Deficiency <input type="checkbox"/> Corrosives <input type="checkbox"/> Temperature Discussion regarding any materials or conditions which may cause a serious injury in the course of performing the task. Review of MSDS as needed.
<b>Personal Protective Equipment (PPE) and Safety Equipment</b>	Check PPE discussed for <input type="checkbox"/> Head <input type="checkbox"/> Respiratory <input type="checkbox"/> Body <input type="checkbox"/> Hand/Foot Discussion to identify what PPE will be required to perform job function along with any needed tools or equipment.
Discuss elements of Work Plan not already addressed by review of JLA/JSA/JHA(s).	Identify additional work plan elements discussed: _____ _____ _____
<b>Site Emergency Response / Action Plans</b>	Check the Emergency Action Plans that were discussed: <input type="checkbox"/> What to do in case of a medical emergency (who to call, where to go) <input type="checkbox"/> What to do in case of a spill or other environmental release <input type="checkbox"/> What to do in case of a fire <input type="checkbox"/> What is the site evacuation plan (Also discuss any designated assembly points, alarms and actions to take in the event of alarms, the location of firefighting equipment, etc.)
<b>Roles and Responsibilities</b>	Identify job Supervisor Person in Charge. Reinforce Stop Work Responsibility and Authority. Discuss Alcohol and Drug Policy.
<b>Additional Personnel:</b>	<input type="checkbox"/> Standby/Safety Watch <input type="checkbox"/> Fire Watch <input type="checkbox"/> Rescue Personnel Discuss additional personnel to be needed to perform task. Who are they and where will they be located?

January 2010 Revision Page 1 of 2

This document to be returned to the Permit Issuer at the end of the day.

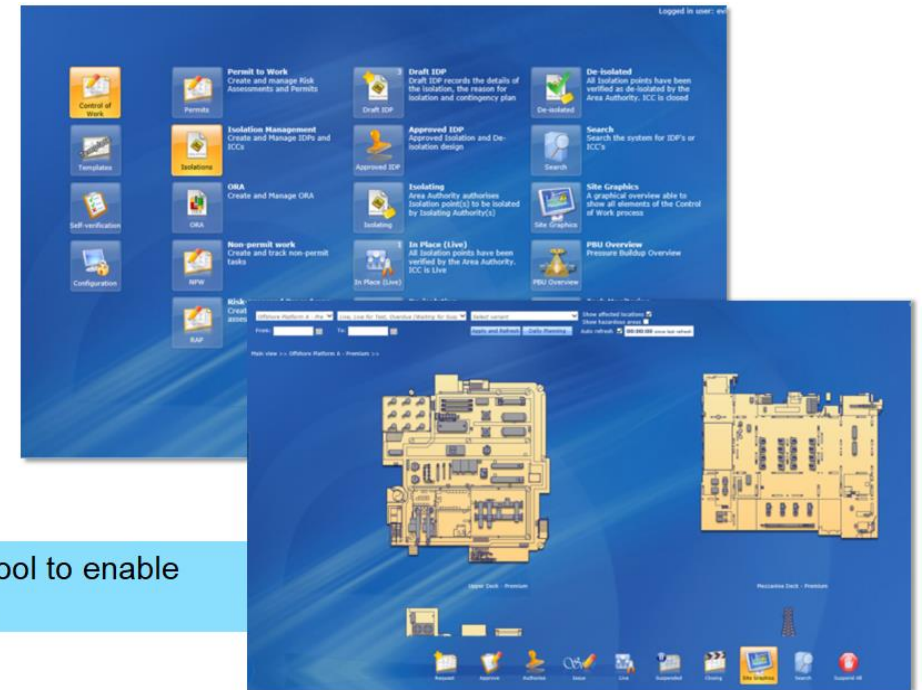


# Permit to Work – Electronic PTW (ePTW) System

- Electronic Permit to Work is a digital permitting system that replaces paper-based permitting to enable control of work
- Electronic Permit to Work:
  - Minimizes risk
  - Maximizes safety
  - Increases operational efficiency
  - Increases effectiveness



We are utilizing eVision's **Permit Vision** tool to enable electronic permit-to-work within Chevron.



# Permit to Work – Electronic PTW (ePTW) System

## Permit Activities and Workflow Icons

Each permit activity type has its own associated symbol and color. The symbol and color never change during the life of the permit.

- Maximum single-issue period of the permit is 12 hours, but it may be suspended/re-issued as required within that shift
- All permits have a maximum 30-day life (except Bypassing Critical Protections, which has a maximum 3-day life)

PERMIT TYPE	LIFETIME	ICON	PERMIT TYPE	LIFETIME	ICON
General Work	30 days		Radiography	30 days	
Open Flame	30 days		Commercial Diving	30 days	
Non-Open Flame	30 days		Energized Electrical	30 days	
Confined Space Entry	30 days		Bypassing Critical Protections	3 days	
Breaking Containment	30 days		Permit Not Required	7 days	
Excavation	30 days				

Each step of workflow status has its own icon shape

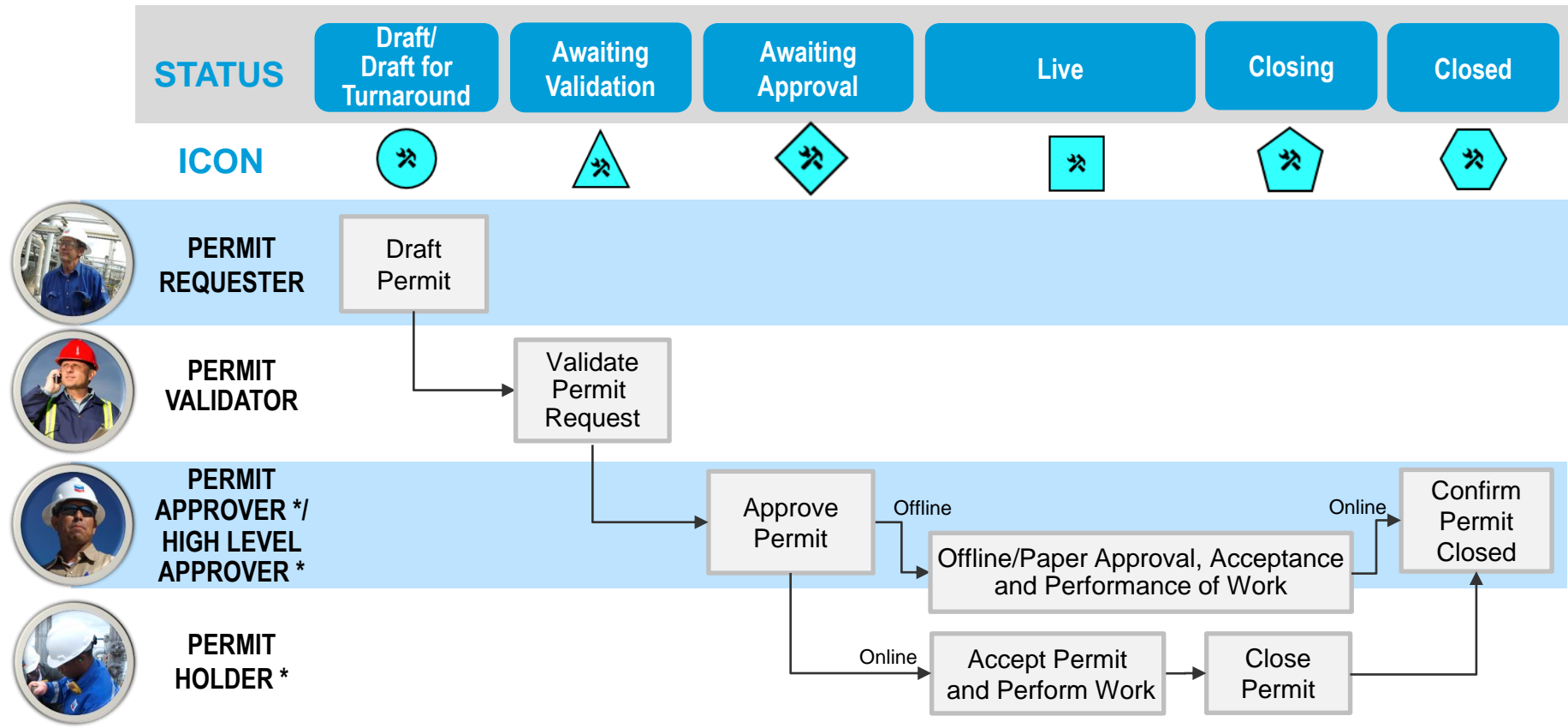
- Icon shape changes as the permit moves through the workflow
- This shape change is displayed on the site graphics, as well as electronic and printed copies of the permit

WORKFLOW STATUS	ICON	WORKFLOW STATUS	ICON
Draft / Draft for Turnaround		Suspended	
Awaiting Validation		Suspended for Test	
Awaiting Approval		Closing	
Live		Closed	
Live for Test			



# Permit to Work – Electronic PTW (ePTW) System

## Permit Work Flow



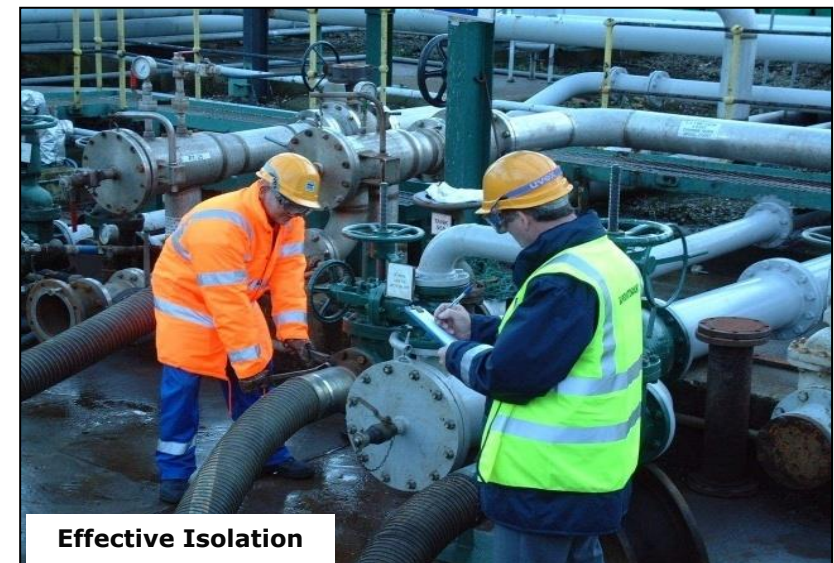
\* Mutually exclusive – same person may not be Permit Approver, High Level Approver or Permit Holder





# Preparation of the Job Site & Equipment – Gas Testing

- Gas testing must be conducted in accordance with Gas Detection Standard immediately prior to work for any tasks that require gas testing. Including, but not limited to:
  - Hot Work
  - Confined Space Entry
  - Isolation of Hazardous Energy in areas with potentially hazardous atmosphere
  - Excavation
- Must be performed and evaluated by a Qualified Gas Tester
- Work activities can **ONLY** begin once gas testing results are within acceptable limits and no more than 1 hour after area was tested and for Hot Work 2 hours for others.





# Permit to Work

- Review and communicate Hazard Analysis, Permits and Work Plans
- Conduct Work
  - A copy of the PTW pack must be kept onsite including, but not limited to the following:
    - General Permit to Work
    - Specialized Permits
    - Work Plans
  - Work must be monitored to ensure work is performed safely and in accordance with work plans



# Pre-Job Safety Briefing

- Permit Requestor/Holder must conduct a pre-job safety briefing with all workers at the job site, whenever a Permit to Work is to be issued, extended or renewed and before work resumes after permit revalidation.
- Pre-job Safety Briefing Tool/Form is to record the content of the meeting. If additional workers arrive on site after the safety briefing, a briefing needs to be conducted with them.
- The Pre-job Safety Briefing will cover:
  - Scope of work
  - The conditions of the Permit to Work & associated documents
  - Potential hazards & risks associated to the work & the defined control measures (JLA discussion)
  - Advice that anybody can stop the work if it is felt unsafe to continue
  - Evacuation & emergency response plan requirements
  - Emergency action requirements, including assembly expectations
  - Location of emergency response & first aid equipment
  - PPE requirements
  - Stop Work Authority



Global Marketing  
 PRE-JOB SAFETY BRIEFING TOOL  
 ASSOCIATED GENERAL WORK PERMIT NO. \_\_\_\_\_  
 OBJECTIVE: The permit holder is used to communicate the scope and nature of work, hazards, conditions, restrictions, and mitigation controls to enable the safe completion of work. A Job Safety Analysis (JSA) is required for this work.  
 Scope: "General Scope of Work" to be performed and existing conditions.  
 - What are the limiting conditions and/or job restrictions, if any, for the planned work (e.g. do work after dark, restrict to weather conditions, time limits, O/L, etc.)  
 - Additional clarifications to scope beyond work description as described on GWP and associated forms:  
 JSA Standard: Based on the targeted work described above, discuss which JSA standard apply and state if any items from the list will be added.  
 - Site-specific JLA/JSA/JHA(s) develop and discuss for all tasks.  
 - Job steps identified in each JLA/JSA/JHA(s) discussion.  
 - Hazards, risks and potential losses identified for each job step identified was discussed.  
 - Control measures identified for each hazard, risk and potential loss identified was discussed.  
 Discuss Exposures (both exposure assessed):  
 - Personal Protective Equipment (PPE) and Safety Equipment  
 - Site Emergency Response / Action Plans  
 Roles and Responsibilities  
 Additional Personnel:

Pre-Job Briefing Tool

**The Tenets of Operation are based on two key principles:**  
 1. Do it safely or not at all.  
 2. There is always time to do it right.

**The Tenets of Operation are:**  
 Always:  
 - Operate within design and environmental limits.  
 - Operate in a safe and controlled condition.  
 - Ensure safety devices are in place and functioning.  
 - Follow safe work practices and procedures.  
 - Meet or exceed customer's requirements.  
 - Maintain integrity of dedicated systems.  
 - Comply with all applicable rules and regulations.  
 - Address abnormal conditions.  
 - Follow written procedures for high-risk or unusual situations.  
 - Involve the right people in decisions that affect procedures and equipment.

**STOP WORK AUTHORITY**  
 IT IS YOUR RESPONSIBILITY YOU HAVE THE AUTHORITY  
 As an employee or contractor for Chevron, it is your duty to stop any work that could harm you or those working around you.  
 Remember to conduct a LPSA before starting work.  
 Loss Prevention Self Assessment  
 ANALYZE the risk!  
 MANAGE how to reduce the risk!  
 ACT to ensure loss-free operations!

Safety Briefing Attendee  
 (Sign acknowledging that I have been briefed on the hazards and understand the job site location, scope of work, conditions, restrictions and control measures)

Safety Briefing provided by: \_\_\_\_\_



# Permit Extension & Renewal

- A General Work Permit shall have the initial duration of 12 hours and permits extending beyond 12 hours will require a revalidation.
- A General Work Permit can be renewed on a daily basis for up to a maximum of 6 consecutive working days.
- Before extending or renewing a permit the Permit Issuer must ensure that:
  - All conditions, restrictions and control measures remain in effect
  - Any gas tests carried out initially are repeated
  - Gas results are accurately recorded and are within the acceptable range
  - The number of workers in attendance is updated
  - The maximum allowable hours within a calendar day is not exceeded
  - The Permit Issuer / Holder signs the extension / renewal section
  - The Work Permit is updated





# Permit Cancellation

- The Permit to Work must be cancelled and work suspended under any of the following conditions:
  - Change of entire work crew
  - Change of Permit Requester / Holder
  - Change in scope of work (work not originally planned)
  - Reached maximum working hours for a calendar day
  - Change in job site conditions, resulting in potential hazard
  - Serious injury, incident or near loss at the job site
  - Withdrawal of work permit by Permit Issuer



# Work Completion

- The Permit Issuer inspects the job site with the Permit Requester to verify :-
  - that the job has been completed as per the original scope, and
  - the site is left in a safe condition.
- The Permit Issuer can now close out the Work Permit and/or work form, by crossing the appropriate box and signing the close out.
- Do not sign this section if the same job continues – insert the next PTW number.



# Record Retention

Permit to Work records will be retained in accordance with the following guidelines:

- Copies of all PTW, forms and associated documentation will be kept for one year.
- In cases where an incident occurred at the job site while the permit was in effect, the permit form and related documents must be kept with the incident investigation documentation.
- If permitted job involved potential health hazard, consider retaining permit documentation for an extended period of time.

The image displays two 'Permit to Work' (PTW) forms. The top form is a yellow 'Chevron Permit to Work' form, revision 3, Nov 2015, with permit number PTW 1001. It includes sections for permit holder information, description of work, gas test results, and safety requirements. The bottom form is a blue 'Americas Products Permit to Work' form, also revision 3, Nov 2015. It includes sections for permit holder information, description of work, and safety requirements. Both forms are partially filled out with handwritten text.





# Short Quiz

