			Fuels &	Lubricants	- Pern	nit t	o Work		Pe	ermit No.:			
Valid from (date and time):  Valid To (date and time):							# of workers:						
Permit Holder / Requester: Company:								JSA: Requi	red for High/Critical	PTW Hazard Analysis			
Job Site Location:							Equipment to be		<u> </u>	- <del></del>			
Work <b>LIMITED</b> to the	following (Job sco	ope/Description)											
Tools and Equipment	to be used:												
Procedures required (	Procedures required (operating, maintenance, etc.):												
Previous content of Ta	ank/Equipment (S	See SDS for safe	ty & health haza	ards):									
Task Consequence: Low High Critical Critical													
Live / Sensitive Equipment Nearby:													
Process Hazards (Discuss changes when revalidated):  Check Additional Forms/Plans (Mark in the box for required items)													
Bypass Register/Appr	oval		Energized Ele		Forms/Pla	ns (M	ark in the box for required items)  Start Work Checks (list here)		Other Plans and che	ecklists (list here):			
Commercial Dive Ope		<del>-                                    </del>	_	Plan / Work at heigh	t Plan	╡			Carlot Fland and one	ecklists (list here):			
Confined Space Resc		────		ipment Isolation List (EIC)									
Lift Plan		☐ SIMOPs plan											
			uirements, above	the basic (	Gloves	s, Hard Hat, Safety Shoes, Safety G							
Goggles		Gloves		Type:			Harness						
Faceshield	Footware			Type:	Type:		Additional:						
Supplied Air	Half Face Respirator Type:					_							
SCBA		Full Face Respi	irator	Туре:									
The following are red				on the associated	l Forms/Pla	ns							
	This Confined S	•					e i f (			_			
		Confined Space with special hazardous characteristics (Contains any recognized potential safety or health hazard)  Downgraded (no actual and no potential hazardous atmospheres, engulfment, access/egress, safety and health hazards exist)											
ace	Verified (check		oleniiai nazarut	ous auriosprieres, ei	riguiiriierii, a	100055	segress, safety and nealth nazards	exist)					
Confined Space	Rescue Plan Doo		ewed, and Unde	erstood			Hazardous Characteristics Precau	utions discussed		П			
] bec	Entry watch assi	-	,				Heat Stress Monitoring Plan availa		ed	H			
į	Communiction m		d and agreed				All Necessary Fire Fighting Equipe	ement at Job Site	•	Ħ			
ડે	Positive Physical Isolation (Blinds installed and spools removed, etc.)							perature and pH (6-8) within Acceptable Range for Entry					
	Mechanical Ventilation in Place and Vented to a safe location						On-site Rescue Team and equipm	site Rescue Team and equipment available					
	Confined Space is under an Inert Atmosphere (CSWC inert CSE completed)						Explosion Proof Lighting and fitting	gs					
	Verified (check	all that apply):											
w	Standby Person:												
ght	Contact for Emergency Response:												
Ŧ Ei	Rescue Equipme						10f Ob-tl 0						
☐ ork at Heights	Rescue Plan Doo Area Below Worl		ewed, and Unde	erstood		<u> </u>	Surface Obstacles Supported/Rer Fall arrest lanyard sized for potent			<u> </u>			
			of Fauinment				Fall arrest equipment inspections						
>	Workers Informed about Hazards of Equipment  Life ring or suspension trauma strap required						Life Vest Required	up to date					
	Work at height e		· ·				Spotter (if required when overhead	d obstructions pro	esent)	<u> </u>			
	Verified (check	• • •				<u> </u>	' '	·					
	Underground pip		marked (811 ca	ll)		П	Above ground services (e.g. elect	rical) have been	identified	П			
ion	Underground ele	rground electric cables verified and marked				一	Above ground isolation required						
Excavation	Underground util	lities verified and	marked (811 c	all)			Barricades erected to prevent una	arricades erected to prevent unauthorized access					
×ca	Underground pip	oing isolation req	uired				Safe Access into/from excavation	provided					
ш		ectric cables isola					Excavation shored/sloped/benche						
	Underground util	lities (e.g. natura	I gas) isolation	equired			Excavation will not affect work in p						
Φ	Verified (check						Working in Designated Safe Hot Work Area						
Hot Work Open flame Non-open flame	11 0	· · ·		/C WOES complete	ed		Combustibles and Flammables removed or protected (50 ft. / 15 m)						
<b>/orl</b> lam	Approved Fire Watch at Job Site (print name):						Equipment grounded (i.e. welding						
<b>Hot Work</b> )pen flame on-open fla	Draining, Depressurizing, Pumping, Flushing of equipmet completed						Drain within 50 feet (15 m) covere						
<b>¥</b> & <u>is</u>	All energy sources isolated, locked and tagged (LOTO)  Continuous ventilation during hot work arranged						Fire extinguishers located at the job site  Fire hose/Water hose on-site						
	Area barricaded and marked						Spark Containment (e.g. Fire Blanket, Wet Area)						
					Gas Toeti	ina Ra	Requirements						
Not required Initial Hourly Every Hours Continuous: record gas test results every:													
Gas Testing Requirements determined by Qualified Gas Tester (QGT) - Name:						Date:							
Gas Test Time LEL % O2%			H2S ppm CO ppm			er		QGT (print nam	ne and signature)				
				P	ermit Appr	oval a	nd Acceptance						
, ,		ork can be carrie	dout provided a	II conditions specifie Date		ermit a	and associated HA and permits/plan Time:	s are met)					
Name:	Signature	e to the Domit -	anditions and L			NO 141-41-							
Name:	erstand and agree	e to the Permit C	onditions and n Signature	ave communicated	all CONDITION	is WITh	vith permit users) Date: Time:						
Management Approv	ral: (if needed)												
Name: Signature						Date: Time:							

□ N/A Confined Space Entry Log												
Maximum Simultaneous Entra			T		T	T		1				
Name	Time In	Time Out	Time In	Time Out Time In		Time Out Time In		Time out				
□ N/A					Gas testing Log							
Include additional gas testing information here or separate log as preferred												
Gas Test Time	LEL %	O2%	H2S ppm	CO ppm	Other	Other	No	tes	QGT (	Initials)		
-				2.5 FF		2				,		
			١	Permit Renewa	al / Revalidation / Wo	rk in Progress						
Permit Renewal / Revalidation												
Valid from (date and time):		d To nd time):	Reason(s) for	Renewal / Rev	validation:	Permit Ho	Initials of Approver					
(date and time).	(date al	ia timoj.					Permit Holder (Print) Permit Iss			Approve		
<b>O</b> : 4		T	T		Work in Progress					Site checker		
Signature		Date	Comments									
					Permit Closure							
Permit Holder: (The worksite Name:	has been retur	ned to normal o	operating conditi	ions)	Da	te:	Time:					
	-											
Permit Issuer: (Work is completed and a closeout discussion with the crew has been conducted and documented)  Name: Date: Time:												
Post Job debrief												
(Note: mandatory for Confined	(Note: mandatory for Confined Space Entry Work)											
·												

Hazard Analysis & Pre-job briefing											
Start Date:											
Work location											
Task Description:											
Crew: Experience # New (SSE) #											
Hierarchy of controls:											
1. Remove the energy source 2. Prevent the release of energy 3. Protect the release 4. Use stop work authority											
The pre-job b	oriefing is used to communicate	ate the scope a	and location of wor	k, hazards	s, conditions, restric	tions, and mitigat	tion controls to e	nable the safe completion of work			
	Where is the Hazard	lous Energy pr	esent?								
	Pressure - Pressure piping, compressed cylinders, vessels, hoses, pneumatic and hydraulic equipment										
SS	Temperature - Ignition sources, hot or cold surfaces, liquids or gases, high heat work environment										
and discu	Mechanical - Rotating equipment, compressed springs, drive belts, conveyors, motors										
Permit holder and work crew to identify and discuss	<b>Motion</b> - Vehicle or equipmer when lifting, straining, bending	ody positioning									
vork crew	Gravity - Falling object, tripping										
ider and v	Electrical - Power lines, trans lightning, energized equipmen										
Permit ho	Chemical - Flammable, react compounds, corrosives, pyrop										
	Biological - Animals, bacteria blood-borne pathogens	iruses, insects,									
	Radiation - Welding arcs, sol rays, radioactive sources	lar rays, microw	raves, lasers, X-								
Stop Work Co			<u> </u>		What is the worst thin	g that could happe	en while doing this	job?			
- Facility Alarms - Process Upsets - Unplanned changes in conditions - Others (specifiy below):											
I facilitated th	he pre-job briefing with the c	rew and have v	verified the safegua	ards are in	place						
Pe	ermit Holder Name	Perm	nit Holder Signature	е	Date	Permit Iss	suer Name	Permit Issuer Signature	Date		
Aller	oradina and the tel			4h a				I the above in the country			
All persons v	working on this job are requir Print Name	red to sign belo Date		they under		nazard analysis a Date	nd nave reviewed	the above information Print Name	Date		
								<del></del>			
		-									
		-									