

Fuels & Lubricants - Permit to Work

Permit No.:

Valid from (date and time):	Valid To (date and time):	# of workers:
Permit Holder / Requester:	Company:	JSA: <input type="checkbox"/> Required for High/Critical <input type="checkbox"/> PTW Hazard Analysis
Job Site Location:		Equipment to be worked on:
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:	Low <input type="checkbox"/>	High <input type="checkbox"/> Critical <input type="checkbox"/>
Live / 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"/>	Energized Electrical Work <input type="checkbox"/>	Start Work Checks (list here) <input type="checkbox"/>	Other Plans and checklists (list here): <input type="checkbox"/>
Commercial Dive Operations <input type="checkbox"/>	Fall Rescue Plan / Work at height Plan <input type="checkbox"/>		
Confined Space Rescue Plan <input type="checkbox"/>	Equipment Isolation List (EIC) <input type="checkbox"/>		
Lift Plan <input type="checkbox"/>	SIMOPs plan <input type="checkbox"/>		

PPE Requirements, above the basic (Gloves, Hard Hat, Safety Shoes, Safety Glasses)

Goggles <input type="checkbox"/>	Gloves <input type="checkbox"/> Type:	Harness <input type="checkbox"/>
Faceshield <input type="checkbox"/>	Footware <input type="checkbox"/> Type:	Additional:
Supplied Air <input type="checkbox"/>	Half Face Respirator <input type="checkbox"/> Type:	
SCBA <input type="checkbox"/>	Full Face Respirator <input type="checkbox"/> Type:	

The following are required in addition to those requirements listed on the associated Forms/Plans

<input type="checkbox"/>	Confined Space	<p>This Confined Space has been classified as:</p> <p>Confined Space with special hazardous characteristics (Contains any recognized potential safety or health hazard) <input type="checkbox"/></p> <p>Downgraded (no actual and no potential hazardous atmospheres, engulfment, access/egress, safety and health hazards exist) <input type="checkbox"/></p> <p>Verified (check all that apply):</p> <p>Rescue Plan Documented, Reviewed, and Understood <input type="checkbox"/> Hazardous Characteristics Precautions discussed <input type="checkbox"/></p> <p>Entry watch assigned. Name: _____ <input type="checkbox"/> Heat Stress Monitoring Plan available and discussed <input type="checkbox"/></p> <p>Communication method discussed and agreed <input type="checkbox"/> All Necessary Fire Fighting Equipment at Job Site <input type="checkbox"/></p> <p>Positive Physical Isolation (Blinds installed and spools removed, etc.) <input type="checkbox"/> Temperature and pH (6-8) within Acceptable Range for Entry <input type="checkbox"/></p> <p>Mechanical Ventilation in Place and Vented to a safe location <input type="checkbox"/> On-site Rescue Team and equipment available <input type="checkbox"/></p> <p>Confined Space is under an Inert Atmosphere (CSWC inert CSE completed) <input type="checkbox"/> Explosion Proof Lighting and fittings <input type="checkbox"/></p>
<input type="checkbox"/>	Work at Heights	<p>Verified (check all that apply):</p> <p>Standby Person: _____</p> <p>Contact for Emergency Response: _____</p> <p>Rescue Equipment on site:</p> <p>Rescue Plan Documented, Reviewed, and Understood <input type="checkbox"/> Surface Obstacles Supported/Removed <input type="checkbox"/></p> <p>Area Below Work Barricaded <input type="checkbox"/> Fall arrest lanyard sized for potential fall distance <input type="checkbox"/></p> <p>Workers Informed about Hazards of Equipment <input type="checkbox"/> Fall arrest equipment inspections up to date <input type="checkbox"/></p> <p>Life ring or suspension trauma strap required <input type="checkbox"/> Life Vest Required <input type="checkbox"/></p> <p>Work at height equipment inspected <input type="checkbox"/> Spotter (if required when overhead obstructions present) <input type="checkbox"/></p>
<input type="checkbox"/>	Excavation	<p>Verified (check all that apply):</p> <p>Underground piping verified and marked (811 call) <input type="checkbox"/> Above ground services (e.g. electrical) have been identified <input type="checkbox"/></p> <p>Underground electric cables verified and marked (811 call) <input type="checkbox"/> Above ground isolation required <input type="checkbox"/></p> <p>Underground utilities verified and marked (811 call) <input type="checkbox"/> Barricades erected to prevent unauthorized access <input type="checkbox"/></p> <p>Underground piping isolation required <input type="checkbox"/> Safe Access into/from excavation provided <input type="checkbox"/></p> <p>Underground electric cables isolation required <input type="checkbox"/> Excavation shored/sloped/benched as required <input type="checkbox"/></p> <p>Underground utilities (e.g. natural gas) isolation required <input type="checkbox"/> Excavation will not affect work in progress <input type="checkbox"/></p>
<input type="checkbox"/>	Hot Work Open flame Non-open flame	<p>Verified (check all that apply):</p> <p>Hot Tapping - Mgmt approval attached and CSWC WOES completed <input type="checkbox"/> Working in Designated Safe Hot Work Area <input type="checkbox"/></p> <p>Approved Fire Watch at Job Site (print name): _____ <input type="checkbox"/> Combustibles and Flammables removed or protected (50 ft. / 15 m) <input type="checkbox"/></p> <p>Draining, Depressurizing, Pumping, Flushing of equipmet completed <input type="checkbox"/> Equipment grounded (i.e. welding set) <input type="checkbox"/></p> <p>All energy sources isolated, locked and tagged (LOTO) <input type="checkbox"/> Drain within 50 feet (15 m) covered/plugged <input type="checkbox"/></p> <p>Continuous ventilation during hot work arranged <input type="checkbox"/> Fire extinguishers located at the job site <input type="checkbox"/></p> <p>Area barricaded and marked <input type="checkbox"/> Fire hose/Water hose on-site <input type="checkbox"/></p> <p>Spark Containment (e.g. Fire Blanket, Wet Area) <input type="checkbox"/></p>

Gas Testing Requirements

<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 (QGT) - Name: _____ Date: _____						
Gas Test Time	LEL %	O2%	H2S ppm	CO ppm	Other	QGT (print name and signature)

Permit Approval and Acceptance

Permit Issuer: (I agree the scope of work can be carried out provided all conditions specified on this permit and associated HA and permits/plans are met)

Name: _____ Signature: _____ Date: _____ Time: _____

Permit Holder: (I understand and agree to the Permit conditions and have communicated all conditions with permit users)

Name: _____ Signature: _____ Date: _____ Time: _____

Management Approval: (if needed)

Name: _____ Signature: _____ Date: _____ Time: _____

N/A **Confined Space Entry Log**

Maximum Simultaneous Entrants:

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	Notes	QGT (Initials)

Permit Renewal / Revalidation / Work in Progress

Permit Renewal / Revalidation

Valid from (date and time):	Valid To (date and time):	Reason(s) for Renewal / Revalidation:	Permit Holder (Print)	Permit Issuer (Print)	Initials of Approver

Work in Progress

Signature	Date	Comments	Site checker
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Permit Closure

Permit Holder: (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:** _____

Post Job debrief

(Note: mandatory for Confined Space Entry Work)

