



# the human energy company™

Capacitación Inicial /  
Actualización en MSW:  
Autorización para Trabajar



# Autorización para Trabajar

# Objetivos de la Capacitación

## Objetivos

- Que el personal entienda cuándo se requiere un permiso general para trabajar, permisos especiales y/o planes de trabajo.
- Que el personal entienda cómo se autoriza y se comunica un permiso de trabajo.
- El personal debe conocer su función y responsabilidades dentro de la Autorización para Trabajar



# Introducción

- La Autorización para Trabajar se refiere a la autoridad para permitir que se realice el trabajo. No todos los trabajos requerirán permiso y el requisito se decidirá mediante el Catálogo de Consecuencias de Tareas como guía.
- El Permiso para Trabajar (PTW) se considera cuando el trabajo puede afectar negativamente a la seguridad de la fuerza laboral, el medio ambiente o la integridad de los activos de Chevron.
- El Permiso para Trabajar consta de tres actividades:
  - Permiso General para Trabajar
  - Permisos Especializados
  - Planes de Trabajo

## Objetivos del Permiso para Trabajar

- Autorizar a determinadas personas a realizar un trabajo específico, en un lugar concreto y durante un periodo de tiempo determinado.
- Facilitar la comunicación sobre cómo se controla el proceso de trabajo y quién tiene el control.
- Identificar el alcance del trabajo y establecer los parámetros para gestionarlo.
- Detallar cuándo debe interrumpirse el trabajo



# Roles y Responsabilidades

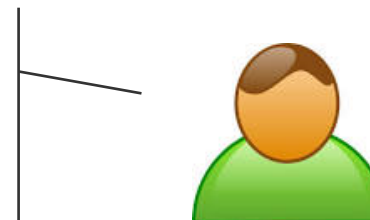


## Emisor del Permiso/Solicitante

- Comprender el trabajo planificado y los procedimientos de mantenimiento y emergencia pertinentes.
- Facilitar, revisar y documentar el Análisis de Riesgos in situ.
- Crear y/o ayudar a redactar permisos de trabajo y planes de trabajo
- Confirmar el aislamiento de los equipos tal como se describe en la Lista de Verificación de Aislamiento de Equipos.
- Verificar presencialmente la energía cero antes de comenzar los trabajos
- Realizar reuniones informativas previas al trabajo y comunicar a la cuadrilla el alcance del trabajo, los riesgos potenciales, las medidas paliativas y las condiciones de los permisos/planes de trabajo.
- Comunicar el permiso a los miembros del equipo de trabajo que corresponda y a otro personal implicado para comprobar las Operaciones Simultáneas.
- Garantizar que se realicen las pruebas de gas exigidas por el permiso de trabajo.
- Verificar conjuntamente con el Emisor/Aprobador del Permiso que se dan las condiciones necesarias para ejecutar el trabajo con seguridad.

## Emisor del Permiso

- Asegurarse de que el equipo esté debidamente preparado y aislado antes de entregar el trabajo al Titular del Permiso.
- Revisar los documentos de análisis de riesgos asociados (JSA, PPHA, Verificaciones de Inicio de Trabajo).
- Participar en la Sesión Informativa de Seguridad Previa al Trabajo para los trabajos con Consecuencias Críticas.
- Visitar la obra con el titular del permiso antes de expedir los permisos
- Participar en la renovación y revalidación de permisos
- Cierra el permiso



# Roles y Responsabilidades



## Controlador de Área

- Para F&L, Gerente de Operaciones o Gerente de Proyectos de M&C
- Garantizar que el trabajo se realiza de acuerdo con los permisos y los documentos de análisis de riesgos.

## Experto en la Materia

- Experticia específica en HES y técnica (electricista autorizado, ingeniero civil, etc.)



## Gerente de Alto Nivel de Chevron

- Aprobar las actividades de trabajo con consecuencias críticas (hot tapping; entrada en atmósferas inertes; aislamiento cuando se requiera un aislamiento físico positivo pero no pueda lograr razonablemente (Gerente de Área, Gerente de Ingeniería y otros).



# Permiso para Trabajar

## Requisitos para llevar a cabo un PPHA

**Se requiere un Análisis de Riesgos en Fase de Planificación (PPHA) documentado para:**

- Actividades de SIMOPs
- Eludir protecciones críticas
- Actividades en espacios confinados con condiciones especiales de riesgo
- Trabajo en equipos energizados de más de 50 voltios
- Actividades de excavación que requieren sistemas de protección (por ejemplo, entibación, apuntalamiento, inclinación)
- Trabajo en caliente con llama abierta en una Área Riesgosa (clasificada) o en el interior de un tanque o recipiente.
- Roscado en caliente
- Actividades que requieren Aislamiento Físico Positivo (PPI)
- Operaciones de Izamiento Críticas
- Cualquier actividad con explosivos
- Cualquier actividad que requiera la aprobación de un alto gerente de Chevron



# Permiso para Trabajar

- Documente la tarea a realizar en el Formulario de Permiso General de Trabajo
  - Rellene todos los campos, según proceda
  - No está permitido auto-permisarse
  - El permiso tendrá una duración inicial de 12 horas y los permisos que se prolonguen más allá de 12 horas requerirán una revalidación
- Antes de expedir cualquier tipo de permiso, una persona cualificada llevará a cabo una evaluación de riesgos del lugar para identificar cualquier riesgo potencial asociado al trabajo que se vaya a realizar.
- La evaluación de riesgos también identificará la posible presencia de gases o vapores inflamables o tóxicos.
- El Solicitante del Permiso y el Emisor/Aprobador del Permiso verificarán conjuntamente que se cumplen las condiciones requeridas antes de autorizar el trabajo.
  - Requiere la inspección física del Sitio de Trabajo.
  - Todas las condiciones requeridas deben ser verificadas y estar implementadas antes de emitir el Permiso de Trabajo / Formulario.
  - El Emisor y el Solicitante del Permiso rubrican el Permiso o Formulario confirmando que han comprobado y verificado exhaustivamente que se cumplen todos los requisitos.





# PTW utilizado actualmente en F&L

## Sistema de PTW Único

## GWP + Formulario(s) de Sistema PTW

## Sistema Electrónico de PTW

**Fuels & Lubricants - Permit to Work**

Permit No. \_\_\_\_\_

Location (date and time): \_\_\_\_\_ Valid to date and time: \_\_\_\_\_ # of workers: \_\_\_\_\_

Permit holder - Requestor: \_\_\_\_\_ Company: \_\_\_\_\_ Country: \_\_\_\_\_ Required for safety/Critical:  The Hazard Analysis: \_\_\_\_\_

Job Site Location: \_\_\_\_\_ Equipment to be worked on: \_\_\_\_\_

Work and Equipment to be used: \_\_\_\_\_

Procedures required (operating, maintenance, etc.): \_\_\_\_\_

Previous content of Work/Equipment (See SDS for safety & health hazards): \_\_\_\_\_

Trial Consequence: \_\_\_\_\_ Low  High  Critical

Live / Sensitive Equipment nearby: \_\_\_\_\_

Process Hazards (Discuss changes when evaluated): \_\_\_\_\_

Check Additional Forms/Plans: Mark in the box for required items:

Process Hazard Analysis:  Emergency Evacuation:  Lock/Tag/Check (see note):  Other Plans and checked (see note):

Commercial Drive Operations:  Fall Rescue Plan (work at height Plan):

Confined Space Rescue Plan:  Equipment location List (ECL): \_\_\_\_\_

Lift Plan:  SMORFS plan: \_\_\_\_\_

PPE Requirements, above the basic (Shovel, Hard Hat, Safety Shoes, Safety Glasses): \_\_\_\_\_

Engage:  Drive: \_\_\_\_\_ Type: \_\_\_\_\_

Passive:  Forward: \_\_\_\_\_ Type: \_\_\_\_\_

Equipment:  Fall Protection: \_\_\_\_\_ Type: \_\_\_\_\_

CLIM:  Fall Protection: \_\_\_\_\_ Type: \_\_\_\_\_

The following are required to be added to these requirements listed on the associated Permit/Plans:

**Confined Space**

Has Confined Space been classified as: \_\_\_\_\_

Confined Space with specific hazardous characteristics (Contains any recognized safety or health hazard): \_\_\_\_\_

Downgraded (no active and no potential hazardous atmospheres, engulfment, access/egress, safety and health hazards exist): \_\_\_\_\_

Verify permit as that apply: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

**Excavations**

Verified (check as that apply): \_\_\_\_\_

Underground piping verified and marked (B1 call): \_\_\_\_\_

Underground electric cables verified and marked (B1 call): \_\_\_\_\_

Underground utilities verified and marked (B1 call): \_\_\_\_\_

Underground piping isolation required: \_\_\_\_\_

Underground electric cables isolation required: \_\_\_\_\_

Underground utilities (e.g. natural gas) isolation required: \_\_\_\_\_

Isolation will not affect work in progress: \_\_\_\_\_

Working in Designated Safe Hot Work Area: \_\_\_\_\_

Hot Tapping - Sign approval attached and COWC (WOC) completed: \_\_\_\_\_

Compartments and Passageways removed or protected (30 ft x 15 ft): \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

**Hot Work**

Verified (check as that apply): \_\_\_\_\_

Hot Tapping - Sign approval attached and COWC (WOC) completed: \_\_\_\_\_

Compartments and Passageways removed or protected (30 ft x 15 ft): \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

Gas Testing Requirements: \_\_\_\_\_

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 holder: I agree the scope of work can be carried out under conditions specified on this permit and associated HA and confirmations 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: \_\_\_\_\_

**Chevron General Work Permit**

Permit No. \_\_\_\_\_

Location (date and time): \_\_\_\_\_ Valid to date and time: \_\_\_\_\_ # of workers: \_\_\_\_\_

Permit holder - Requestor: \_\_\_\_\_ Company: \_\_\_\_\_ Country: \_\_\_\_\_ Required for safety/Critical:  The Hazard Analysis: \_\_\_\_\_

Job Site Location: \_\_\_\_\_ Equipment to be worked on: \_\_\_\_\_

Work and Equipment to be used: \_\_\_\_\_

Procedures required (operating, maintenance, etc.): \_\_\_\_\_

Previous content of Work/Equipment (See SDS for safety & health hazards): \_\_\_\_\_

Trial Consequence: \_\_\_\_\_ Low  High  Critical

Live / Sensitive Equipment nearby: \_\_\_\_\_

Process Hazards (Discuss changes when evaluated): \_\_\_\_\_

Check Additional Forms/Plans: Mark in the box for required items:

Process Hazard Analysis:  Emergency Evacuation:  Lock/Tag/Check (see note):  Other Plans and checked (see note):

Commercial Drive Operations:  Fall Rescue Plan (work at height Plan):

Confined Space Rescue Plan:  Equipment location List (ECL): \_\_\_\_\_

Lift Plan:  SMORFS plan: \_\_\_\_\_

PPE Requirements, above the basic (Shovel, Hard Hat, Safety Shoes, Safety Glasses): \_\_\_\_\_

Engage:  Drive: \_\_\_\_\_ Type: \_\_\_\_\_

Passive:  Forward: \_\_\_\_\_ Type: \_\_\_\_\_

Equipment:  Fall Protection: \_\_\_\_\_ Type: \_\_\_\_\_

CLIM:  Fall Protection: \_\_\_\_\_ Type: \_\_\_\_\_

The following are required to be added to these requirements listed on the associated Permit/Plans:

**Confined Space Entry Form**

Has Confined Space been classified as: \_\_\_\_\_

Confined Space with specific hazardous characteristics (Contains any recognized safety or health hazard): \_\_\_\_\_

Downgraded (no active and no potential hazardous atmospheres, engulfment, access/egress, safety and health hazards exist): \_\_\_\_\_

Verify permit as that apply: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

**Excavations**

Verified (check as that apply): \_\_\_\_\_

Underground piping verified and marked (B1 call): \_\_\_\_\_

Underground electric cables verified and marked (B1 call): \_\_\_\_\_

Underground utilities verified and marked (B1 call): \_\_\_\_\_

Underground piping isolation required: \_\_\_\_\_

Underground electric cables isolation required: \_\_\_\_\_

Underground utilities (e.g. natural gas) isolation required: \_\_\_\_\_

Isolation will not affect work in progress: \_\_\_\_\_

Working in Designated Safe Hot Work Area: \_\_\_\_\_

Hot Tapping - Sign approval attached and COWC (WOC) completed: \_\_\_\_\_

Compartments and Passageways removed or protected (30 ft x 15 ft): \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

**Hot Work**

Verified (check as that apply): \_\_\_\_\_

Hot Tapping - Sign approval attached and COWC (WOC) completed: \_\_\_\_\_

Compartments and Passageways removed or protected (30 ft x 15 ft): \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

Gas Testing Requirements: \_\_\_\_\_

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 holder: I agree the scope of work can be carried out under conditions specified on this permit and associated HA and confirmations 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: \_\_\_\_\_

**Chevron General Work Permit**

Permit No. \_\_\_\_\_

Location (date and time): \_\_\_\_\_ Valid to date and time: \_\_\_\_\_ # of workers: \_\_\_\_\_

Permit holder - Requestor: \_\_\_\_\_ Company: \_\_\_\_\_ Country: \_\_\_\_\_ Required for safety/Critical:  The Hazard Analysis: \_\_\_\_\_

Job Site Location: \_\_\_\_\_ Equipment to be worked on: \_\_\_\_\_

Work and Equipment to be used: \_\_\_\_\_

Procedures required (operating, maintenance, etc.): \_\_\_\_\_

Previous content of Work/Equipment (See SDS for safety & health hazards): \_\_\_\_\_

Trial Consequence: \_\_\_\_\_ Low  High  Critical

Live / Sensitive Equipment nearby: \_\_\_\_\_

Process Hazards (Discuss changes when evaluated): \_\_\_\_\_

Check Additional Forms/Plans: Mark in the box for required items:

Process Hazard Analysis:  Emergency Evacuation:  Lock/Tag/Check (see note):  Other Plans and checked (see note):

Commercial Drive Operations:  Fall Rescue Plan (work at height Plan):

Confined Space Rescue Plan:  Equipment location List (ECL): \_\_\_\_\_

Lift Plan:  SMORFS plan: \_\_\_\_\_

PPE Requirements, above the basic (Shovel, Hard Hat, Safety Shoes, Safety Glasses): \_\_\_\_\_

Engage:  Drive: \_\_\_\_\_ Type: \_\_\_\_\_

Passive:  Forward: \_\_\_\_\_ Type: \_\_\_\_\_

Equipment:  Fall Protection: \_\_\_\_\_ Type: \_\_\_\_\_

CLIM:  Fall Protection: \_\_\_\_\_ Type: \_\_\_\_\_

The following are required to be added to these requirements listed on the associated Permit/Plans:

**Confined Space Entry Form**

Has Confined Space been classified as: \_\_\_\_\_

Confined Space with specific hazardous characteristics (Contains any recognized safety or health hazard): \_\_\_\_\_

Downgraded (no active and no potential hazardous atmospheres, engulfment, access/egress, safety and health hazards exist): \_\_\_\_\_

Verify permit as that apply: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

**Excavations**

Verified (check as that apply): \_\_\_\_\_

Underground piping verified and marked (B1 call): \_\_\_\_\_

Underground electric cables verified and marked (B1 call): \_\_\_\_\_

Underground utilities verified and marked (B1 call): \_\_\_\_\_

Underground piping isolation required: \_\_\_\_\_

Underground electric cables isolation required: \_\_\_\_\_

Underground utilities (e.g. natural gas) isolation required: \_\_\_\_\_

Isolation will not affect work in progress: \_\_\_\_\_

Working in Designated Safe Hot Work Area: \_\_\_\_\_

Hot Tapping - Sign approval attached and COWC (WOC) completed: \_\_\_\_\_

Compartments and Passageways removed or protected (30 ft x 15 ft): \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

**Hot Work**

Verified (check as that apply): \_\_\_\_\_

Hot Tapping - Sign approval attached and COWC (WOC) completed: \_\_\_\_\_

Compartments and Passageways removed or protected (30 ft x 15 ft): \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Emergency Evacuation: \_\_\_\_\_

Isolation: \_\_\_\_\_

Rescue Plan Documents, Reviewed and understood: \_\_\_\_\_

Surface contacts Suspended/Removed: \_\_\_\_\_

Safe Access Work Barriers: \_\_\_\_\_

Workers informed about hazards of equipment: \_\_\_\_\_

Lifting or suspension means used: \_\_\_\_\_

Work at height equipment inspected: \_\_\_\_\_

Isolation if required when overhead obstructions present: \_\_\_\_\_

Gas Testing Requirements: \_\_\_\_\_

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 holder: I agree the scope of work can be carried out under conditions specified on this permit and associated HA and confirmations 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: \_\_\_\_\_



**Type** : Non-Open Flame Permit

**Number** : CRKG-010628

**State** : 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?

**Attached Certificates**

Isolation Certificate: CRKG-008736

**Signature History**

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

Draft



# Permiso para Trabajar - Sistema de PTW único

## Generar un Permiso General para Trabajar

- Documente la tarea a realizar en el Formulario de Permiso General de Trabajo.
  - Rellene todos los campos, según proceda
  - No está permitido auto-permisarse
  - La duración inicial de la expedición del permiso no excederá de 12 horas
- El Permiso General para Trabajar, el Permiso de Entrada en Espacios Confinados, el Permiso de Excavación, el Permiso de Trabajo en Alturas y los Permisos de Trabajo en Caliente se han combinado en un único permiso simplificado.
- Los formularios adicionales como los planes de rescate, las listas de verificación de aislamiento de equipos, las Verificaciones de Inicio de Trabajo y los planes de izamientos críticos seguirán siendo necesarios para la actividad de trabajo asociada. Consulte el Catálogo de Consecuencias de la Tarea ([TCC](#)) para obtener una lista de todos.

The image shows a detailed 'Permit to Work' form for 'Fuels & Lubricants'. The form is organized into several key sections:

- Header:** Includes 'Permit No.', 'Job No.', 'Job Location', and 'Equipment to be worked on'.
- Task Details:** 'Previous content of Tank/Equipment', 'Task Consequence' (Low, High, Critical), and 'Check Additional Forms/Planes' (e.g., Confined Space, Work at Heights, Excavation, Hot Work).
- PPE Requirements:** A table listing required Personal Protective Equipment (PPE) such as Safety Helmets, Safety Glasses, and Fall Protection.
- Confined Spaces:** A section with a green background containing a checklist for confined space safety, including atmospheric testing and rescue plans.
- Work at Heights:** A section with an orange background containing a checklist for fall protection and rescue equipment.
- Excavation:** A section with a yellow background containing a checklist for excavation safety, including shoring and gas testing.
- Hot Work:** A section with a pink background containing a checklist for hot work safety, including fire extinguishers and fire watches.
- Gas Testing Requirements:** A section for documenting gas testing results, including test methods and frequencies.
- Permit Approval and Acceptance:** A section at the bottom for signatures and dates of the permit issuer, permit holder, and management approval.



# Permiso para Trabajar - Sistema de PTW único

El Permiso para Trabajar simplificado requerirá la misma información general que antes.

- Si hay cambios, como el número de personal, el alcance del trabajo, etc., pueden anotarse en la sección correspondiente del permiso, rubricarse y fecharse.
- Los formularios deben imprimirse y conservarse en el lugar donde se realicen los trabajos.
- El número de permiso puede ser el Número de Instalación/Número de Planta SAP, la fecha y la hora (por ejemplo, 21044473019800).



# Permiso para Trabajar - Sistema de PTW único

Algunos formularios/planes independientes siguen siendo necesarios para las actividades laborales aplicables

- Dichos formularios se incluirán en el conjunto de la autorización de la actividad

- Los requisitos de los formularios/planes figuran en las [Normas de MSW](#) aplicables y en el [Catálogo de Consecuencia de Tarea \(TCC\)](#)

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"/>
Commercial Dive Operations	<input type="checkbox"/>	Fall Rescue Plan / Work at height Plan	<input type="checkbox"/>	Other Plans and checklists (list here): <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"/>	_____



# Permiso para Trabajar - Sistema de PTW único

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"/>
Commercial Dive Operations <input type="checkbox"/>		Fall Rescue Plan / Work at height Plan <input type="checkbox"/>		Other Plans and checklists (list here): <input type="checkbox"/>
Confined Space Rescue Plan <input type="checkbox"/>		Equipment Isolation List (EIC) <input type="checkbox"/>		
Lift Plan <input type="checkbox"/>		SMAOPs 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: <input type="checkbox"/>
Faceshield <input type="checkbox"/>		Footwear <input type="checkbox"/>		Type: <input type="checkbox"/>
Supplied Air <input type="checkbox"/>		Half Face Respirator <input type="checkbox"/>		Type: <input type="checkbox"/>
SCBA <input type="checkbox"/>		Full Face Respirator <input type="checkbox"/>		Type: <input type="checkbox"/>
The following are required in addition to those requirements listed on the associated Forms/Plans				
Confined Space	This Confined Space has been classified as:			
	Confined Space with special hazardous characteristics (Contains any recognized potential safety or health hazard) <input type="checkbox"/>			
	Downgraded (no actual and no potential hazardous atmospheres, engulfment, access/egress, safety and health hazards exist) <input type="checkbox"/>			
	Verified (check all that apply):			
	Rescue Plan Documented, Reviewed, and Understood <input type="checkbox"/>		Hazardous Characteristics Precautions discussed <input type="checkbox"/>	
Work at Heights	Entry watch assigned. Name: _____ <input type="checkbox"/>			
	Heat Stress Monitoring Plan available and discussed <input type="checkbox"/>			
	Communication method discussed and agreed <input type="checkbox"/>			
	All Necessary Fire Fighting Equipment at Job Site <input type="checkbox"/>			
	Positive Physical Isolation (Blinds installed and spools removed, etc.) <input type="checkbox"/>		Temperature and pH (5-8) within Acceptable Range for Entry <input type="checkbox"/>	
Excavation	Mechanical Ventilation in Place and Vented to a safe location <input type="checkbox"/>			
	On-site Rescue Team and equipment available <input type="checkbox"/>			
	Confined Space is under an Inert Atmosphere (CSWC inert GSE completed) <input type="checkbox"/>			
	Explosion Proof Lighting and fittings <input type="checkbox"/>			
	Verified (check all that apply):			
Hot Work Open flame Non-open flame	Standby Person: _____			
	Contact for Emergency Response:			
	Rescue Equipment on site:			
	Rescue Plan Documented, Reviewed, and Understood <input type="checkbox"/>		Surface Obstacles Supported/Removed <input type="checkbox"/>	
	Area Below Work Barricaded <input type="checkbox"/>		Fall arrest lanyard sized for potential fall distance <input type="checkbox"/>	
Workers informed about Hazards of Equipment <input type="checkbox"/>				
Fall arrest equipment inspections up to date <input type="checkbox"/>		Life Vest Required <input type="checkbox"/>		
Life ring or suspension trauma strap required <input type="checkbox"/>		Work at height equipment inspected <input type="checkbox"/>		
Spotter (if required when overhead obstructions present) <input type="checkbox"/>		Verified (check all that apply):		
Underground piping verified and marked (811 call) <input type="checkbox"/>				
Above ground services (e.g. electrical) have been identified <input type="checkbox"/>				
Underground electric cables verified and marked (811 call) <input type="checkbox"/>				
Above ground isolation required <input type="checkbox"/>				
Underground utilities verified and marked (811 call) <input type="checkbox"/>				
Barricades erected to prevent unauthorized access <input type="checkbox"/>				
Underground piping isolation required <input type="checkbox"/>				
Safe Access Into/From excavation provided <input type="checkbox"/>				
Underground electric cables isolation required <input type="checkbox"/>				
Excavation shored/shielded/benched as required <input type="checkbox"/>				
Underground utilities (e.g. natural gas) isolation required <input type="checkbox"/>				
Excavation will not affect work in progress <input type="checkbox"/>				
Working in Designated Safe Hot Work Area <input type="checkbox"/>				
Hot Tapping - Mgmt approval attached and CSWC WOES completed <input type="checkbox"/>				
Composites and Flammables removed or protected (50 ft. / 15 m) <input type="checkbox"/>				
Approved Fire Watch at Job Site (print name): _____ <input type="checkbox"/>				
Equipment grounded (i.e. welding set) <input type="checkbox"/>				
Draining, Depressurizing, Pumping, Flushing of equipment completed <input type="checkbox"/>				
Drain within 50 feet (15 m) covered/plugged <input type="checkbox"/>				
All energy sources isolated, locked and tagged (LOTO) <input type="checkbox"/>				
Fire extinguishers located at the job site <input type="checkbox"/>				
Continuous ventilation during hot work arranged <input type="checkbox"/>				
Fire hose/Water hose on-site <input type="checkbox"/>				
Area barricaded and marked <input type="checkbox"/>				
Spark Containment (e.g. Fire Blanket, Wet Area) <input type="checkbox"/>				
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 Assurances				
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: _____

Marque las casillas asociadas a la actividad especializada que aplique al trabajo y marque las salvaguardas aplicables a cada una.

- Las comprobaciones de estas salvaguardas deben realizarse antes del inicio de los trabajos, junto con las [Verificaciones de Inicio de Trabajo \(SWC\)](#) asociadas.

# Permiso para Trabajar - Sistema de PTW único

Rellene los requisitos de pruebas de gases aplicables a las actividades especializadas identificadas en las secciones anteriores y basadas en el análisis de riesgos.

- La prueba inicial de gases sólo puede realizarla un Técnico de Gas Cualificado (QGT).

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)

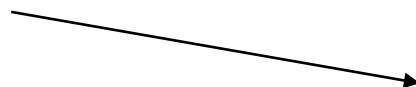


# Permiso para Trabajar - Sistema de PTW único

Fuels & Lubricants - Permit to Work		Permit No.:
Valid from (date and time):	Valid to (date and time):	# of workers:
Permit Holder / Requester:	Company:	ISA <input type="checkbox"/> Required for job/contract <input type="checkbox"/> PTO required Access <input type="checkbox"/>
Job Title Location:	Equipment to be worked on:	
Work LIMITED to the following Job scope/Description:		
Tools and Equipment to be used:		
Procedures required (locking, maintenance, etc.):		
Permit holder to sign (Equipment Use (EUC) for safety & health hazards):		
Task Consequence:	Low <input type="checkbox"/> High <input type="checkbox"/> Critical <input type="checkbox"/>	
Live / Standby Equipment Nearby:		
Permit Holder: Check for changes when re-validated:		
Check Additional Forms/Plans (Mark in the box for required items):		
Isolates Required/Approved:	Emergency Electrical Work <input type="checkbox"/>	Hot Work Checks (see here): <input type="checkbox"/>
Confined Space Operations:	Permit to Work Plan / Work at Height Plan <input type="checkbox"/>	Other Plans and checks (see here): <input type="checkbox"/>
Confined Space Rescue Plan:	Equipment (SOSKIT / EUC) <input type="checkbox"/>	
AT Plan:	AT Plan <input type="checkbox"/>	
PPE Requirements, above the body (Clothing, helmet, safety shoes, safety glasses):		
Eye Protection:	Goggles <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Type: _____	Head Protection: <input type="checkbox"/>
Foot Protection:	Safety Shoes <input type="checkbox"/> Type: _____	Hand Protection: <input type="checkbox"/>
Respiratory Protection:	Respirator <input type="checkbox"/> Type: _____	Other: _____
Other:	Other: _____	
The following are required in addition to those requirements listed on the associated Forms/Plans:		
This Confined Space has been identified as:		
Confined Space with limited hazardous characteristics (Contains any recognized potential safety or health hazard):		
Overhead (no active and no potential hazardous equipment, accessories, LPTD and trench means exist): <input type="checkbox"/>		
Verified (check all that apply):		
Rescue Plan (Documentation, Reviewed, and Understood) <input type="checkbox"/> Hazardous Characteristics Procedures discussed <input type="checkbox"/>		
Entry which assigned Name <input type="checkbox"/> Hot Stress Monitoring Plan available and discussed <input type="checkbox"/>		
Communication method discussed and agreed <input type="checkbox"/> All Necessary Fire Fighting Equipment at job site <input type="checkbox"/>		
Rescue Physical condition (Standby rescuer and rescue resources etc.) <input type="checkbox"/> Preparation and plan for safe entry (Acceptance Range for Entry) <input type="checkbox"/>		
Mechanical Ventilation in Place and Verified to a safe location <input type="checkbox"/> On-site Rescue Team and equipment available <input type="checkbox"/>		
Confined Space is under an inert atmosphere (GDSHC met GSE completed) <input type="checkbox"/> Respiration Proof Lighting and fittings <input type="checkbox"/>		
Verified (check all that apply):		
Standby Person: _____		
Contact for Emergency Response: _____		
Rescue Equipment on site <input type="checkbox"/> Surface Obstacles Supported/Removed <input type="checkbox"/>		
Rescue Plan Documented, Reviewed, and Understood <input type="checkbox"/> Fall arrest system used for potential fall clearance <input type="checkbox"/>		
Access Barriers (if applicable) <input type="checkbox"/> Fall arrest equipment inspected up to date <input type="checkbox"/>		
Workers informed about hazards of Equipment <input type="checkbox"/> JSA/ Risk Assessment <input type="checkbox"/>		
Use of suspension points (if applicable) <input type="checkbox"/> JSA/ Risk Assessment <input type="checkbox"/>		
All safety requirements completed <input type="checkbox"/> JSA/ Risk Assessment <input type="checkbox"/>		
Holder if required when overhead obstructions present <input type="checkbox"/>		
Verified (check all that apply):		
Underground piping verified and marked (B11 call) <input type="checkbox"/> Noise ground services (e.g. electric) have been identified <input type="checkbox"/>		
Underground electric cables verified and marked (B11 call) <input type="checkbox"/> Noise ground services (e.g. electric) have been identified <input type="checkbox"/>		
Underground utilities verified and marked (B11 call) <input type="checkbox"/> Services needed to prevent unauthorised access <input type="checkbox"/>		
Underground piping isolation required <input type="checkbox"/> Safe Access (if/when excavation provided) <input type="checkbox"/>		
Underground electric isolation required <input type="checkbox"/> Excavation services/permissions as required <input type="checkbox"/>		
Underground utilities (e.g. natural gas) isolation required <input type="checkbox"/> Excavation will not affect work in progress <input type="checkbox"/>		
Verified (check all that apply):		
Hot Working (light approval obtained and correct tickets completed) <input type="checkbox"/> Working in Designated Safe Hot Work Area <input type="checkbox"/>		
Approved Fire Watch at Job Site (print name) <input type="checkbox"/> Combustible and flammable removed or protected (20' x 10' ft) <input type="checkbox"/>		
Flaming, Dewatering, Pumping, Flushing of equipment completed <input type="checkbox"/> Equipment grounded (i.e. welding set) <input type="checkbox"/>		
Drain with 50 feet (15 m) cover/coverage <input type="checkbox"/>		
Drain with 50 feet (15 m) cover/coverage <input type="checkbox"/>		
Fire equipment located and tagged (COTO) <input type="checkbox"/> Fire equipment located and tagged (COTO) <input type="checkbox"/>		
Continuous ventilation during hot work engaged <input type="checkbox"/> Fire hose/standby hose on-site <input type="checkbox"/>		
Area barricaded and marked <input type="checkbox"/> Spill Containment (e.g. Fire Barrier, Leak Area) <input type="checkbox"/>		
Date Testing Requirements:		
Gas Testing Requirements (annexed by Gas Test Data Tester (GDTT) - Name _____ Date _____) <input type="checkbox"/> 1H <input type="checkbox"/> Other _____		
Gas Test Time: _____	Gas Test Time: _____	Gas Test Time: _____
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: _____

Una vez que se hayan abordado los riesgos relevantes para el trabajo, se haya llegado a un acuerdo y se hayan completado las verificaciones de salvaguardia requeridas, el Emisor y el Titular del Permiso firmarán para indicar que se han comprendido los requisitos y que el equipo de trabajo los cumplirá.

- Se requiere la aprobación de la gerencia para determinadas tareas, consulte el [Catálogo de Consecuencia de Tareas \(TCC\)](#).



Permit Approval and Acceptance			
<b>Permit Issuer:</b> (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:
<b>Permit Holder:</b> (I understand and agree to the Permit conditions and have communicated all conditions with permit users)			
Name:	Signature	Date:	Time:
<b>Management Approval:</b> (if needed)			
Name:	Signature	Date:	Time:



# Permiso para Trabajar - Sistema de PTW único

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	QAT (inbars)

Permit Renewal / Revitalization / Work in Progress

Valid from (date and time):	Valid To (date and time):	Reason(s) for Renewal / Revitalization:	Permit Holder (Print):	Permit Issuer (Print):	Initial 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"/>
			<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

Registre a los operarios ingresantes a espacios confinados en el registro de ingreso a espacios confinados si el ingreso a espacios confinados es una de las actividades especializadas seleccionadas.

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



# Permiso para Trabajar - Sistema de PTW único

<input type="checkbox"/> 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

<input type="checkbox"/> 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)

<input type="checkbox"/> N/A Permit Renewal / Revalidation / Work in Progress					
Valid From (date and time):	Valid To (date and time):	Reason(s) for Renewal / Revalidation:	Permit Holder (Print)	Permit Issuer (Print)	Initials of Approver

<input type="checkbox"/> N/A Work in Progress			Comments	Site checker
Signature	Date			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

<input type="checkbox"/> N/A 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

Los resultados adicionales de las pruebas de gas iniciales, así como las pruebas de gas necesarias como resultado de la revalidación del permiso, se documentarán aquí.

<input type="checkbox"/> 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)

# Permiso para Trabajar - Sistema de PTW único

Confined Space Entry Log								
<input type="checkbox"/> N/A								
Maximum Simultaneous Entrants:								
Name	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Gas Testing Log								
<input type="checkbox"/> N/A								
Include additional gas testing information here or separate log as preferred								
Gas Test Time	LEL %	O2%	H2S ppm	CO ppm	Other	Other	Notes	QAT (mbars)
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 checks					
			☐					
			☐					
			☐					
			☐					
			☐					
			☐					
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!								

La revalidación y renovación de permisos se documenta en esta sección con los motivos y el tiempo de validez.

- Los permisos no deben renovarse más allá de una semana (7 días).
- Si las condiciones de la obra cambian o si el trabajo se detiene durante un período de más de 2 horas (Trabajo en Caliente, Ingreso a Espacios Confinados, Excavación, Aislamiento de Energías Peligrosas 30 minutos) sin que nadie esté presente, el Permiso para Trabajar y cualquier Formulario adicional deben ser revalidados antes de que el trabajo pueda reiniciarse.

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

# Permiso para Trabajar - Sistema de PTW único

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

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	QOT (mbars)

Permit Renewal / Revalidation / Work in Progress				
Valid from (date and time):	Valid To (date and time):	Reason(s) for Renewal / Revalidation:	Permit Holder (Print):	Permit Issuer (Print):

Work in Progress			
Signature	Date	Comments	Site checker
			☐
			☐
			☐
			☐
			☐
			☐
			☐

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

El Emisor y el Titular del Permiso son responsables de supervisar y verificar que el trabajo se realiza de forma segura y conforme a las condiciones del permiso. La sección de trabajos en curso permite documentar este esfuerzo.

- Los Verificadores de Obra designados son responsables de realizar una revisión de la obra y una verificación de las salvaguardas durante la realización de todas las **tareas de consecuencias críticas** y **las tareas de consecuencias graves** designadas por la instalación.

La frecuencia de las inspecciones deberá adecuarse al riesgo y a las posibles consecuencias, y el período máximo entre inspecciones será de 6 horas.

Work in Progress			
Signature	Date	Comments	Site checker
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐



# Permiso para Trabajar - Sistema de PTW único

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

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	OAT (minutes)	

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

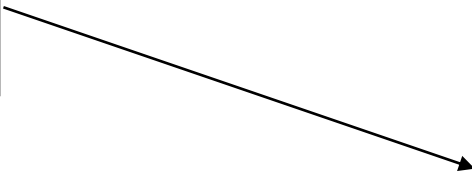
  

Work in Progress			
Signature	Date	Comments	Site checker

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			

Al firmar la parte de cierre del permiso, el Emisor del Permiso reconoce que el trabajo se ha completado y que se ha llevado a cabo una discusión de cierre con el equipo de trabajo.



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



# Permiso para Trabajar - Sistema de PTW único

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

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	DOT (inbars)	

Permit Renewal / Revalidation / Work in Progress					
Valid From (date and time)	Valid To (date and time)	Reason(s) for Renewal / Revalidation	Permit Holder (Print)	Permit Issuer (Print)	Initial of Approver

Work in Progress			Comments	Site checker
Signature	Date			
				<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:

Note: mandatory for Confined Space Entry Work

Para las tareas de entrada en espacios confinados, se ha añadido una sección de reunión de información específica para documentar las oportunidades de mejora para la reducción de riesgos u otras áreas de mejora.










- Esta sección también se puede utilizar para otras tareas, a fin de documentar el informe posterior al trabajo desarrollado entre el Titular del Permiso y la Cuadrilla de Trabajo para obtener comentarios sobre la ejecución de la tarea.
- La información de la reunión de información se transmitirá a las partes pertinentes, que podrán revisar los comentarios para posibles acciones.

Post Job debrief

(Note: mandatory for Confined Space Entry Work)



# Permiso de Trabajo - Sistema de PTW único - Análisis de Riesgos e Información Previa al Trabajo

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 briefing is used to communicate the scope and location of work, hazards, conditions, restrictions, and mitigation controls to enable the safe completion of work					
Permit holder and work crew to identify and discuss	Where is the Hazardous Energy present?				
	Pressure - Pressure piping, compressed cylinders, vessels, hoses, pneumatic and hydraulic equipment				
	Temperature - Ignition sources, hot or cold surfaces, liquids or gases, high heat work environment				
	Mechanical - Rotating equipment, compressed springs, drive belts, conveyors, motors				
	Motion - Vehicle or equipment movement, body positioning when lifting, straining, bending				
	Gravity - Falling object, tripping or falling				
	Electrical - Power lines, transformers, static charges, lightning, energized equipment, wiring, batteries				
	Chemical - Flammable, reactive, carcinogens, toxic compounds, corrosives, pyrophoric, welding fumes				
Biological - Animals, bacteria (Legionella), viruses, insects, blood-borne pathogens					
Radiation - Welding arcs, solar rays, microwaves, lasers, X-rays, radioactive sources					
Stop Work Conditions: - Facility Alarms - Process Upsets - Unplanned changes in conditions - Others (specify below):		What is the worst thing that could happen while doing this job?			
I facilitated the pre-job briefing with the crew and have verified the safeguards are in place					
Permit Holder Name	Permit Holder Signature	Date	Permit Issuer Name	Permit Issuer Signature	Date
All persons working on this job are required to sign below to acknowledge they understand this permit, hazard analysis and have reviewed the above information					
Print Name	Date	Print Name	Date	Print Name	Date

Antes de empezar a trabajar, se realizará una reunión previa informativa con todos los trabajadores para asegurarse de que comprenden los riesgos y las salvaguardas necesarias.

Otros temas incluidos en la reunión informativa:

- Alcance del trabajo
- Las condiciones del permiso
- Peligros y riesgos potenciales asociados al trabajo y las salvaguardas definidas
- Planes de evacuación y respuesta a emergencias
- Ubicación del equipo de respuesta a emergencias y primeros auxilios
- Requisitos PPE
- Condiciones en las que debe utilizarse la Autoridad para Detener el Trabajo

Para los trabajos con consecuencias graves y críticas se requiere una JSA adicional, que debe adjuntarse al paquete de permisos y ser revisado por la cuadrilla durante la reunión informativa previa al trabajo.



# Permiso de Trabajo - Sistema de PTW único - Análisis de Riesgos e Información Previa al Trabajo

Hazard Analysis & Pre-job briefing					
Start Date: _____					
Work location: _____					
Task Description: _____					
Crew: Experience # _____ New (ENE) # _____					
Priority of work:					
1. Remove the energy source    2. Prevent the release of energy    3. Protect the release    4. Use stop work authority					
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					
Permit holder and work crew to identify and discuss	Where is the Hazardous Energy present?				
	Pressure - Pressure piping, compressed vapors, vessels, hoses, pneumatic and hydraulic equipment				
	Temperature - Ignition sources, hot or cold surfaces, liquids or gases, high heat work environment				
	Mechanical - Rotating equipment, compressed springs, drive shafts, solenoids, valves				
	Motion - Vehicle or equipment movement, body positioning when lifting, straining, bending				
	Gravity - Falling object, tripping or falling				
	Electrical - Power lines, transformers, static charges, igniting energized equipment, wiring, batteries				
	Chemical - Flammable, reactive, carcinogens, toxic compounds, corrosives, pyrophoric, welding fumes				
	Biological - Animals, bacteria (Legionella), viruses, insects, blood-borne pathogens				
	Radiation - Welding arcs, solar rays, microwave, lasers, X-rays, radioactive sources				
Stop Work Conditions: - Facility Alarm - Process Upsets - Unplanned changes in conditions - Others (specify below): _____	What is the worst thing that could happen while doing this job? _____				
I facilitated the pre-job briefing with the crew and have verified the safeguards are in place.					
Permit Holder Name	Permit Holder Signature	Date	Permit Issuer Name	Permit Issuer Signature	Date
All persons working on this job are required to sign below to acknowledge they understand this permit, hazard analysis and have reviewed the above information					
Print Name	Date	Print Name	Date	Print Name	Date

Todos los miembros de la cuadrilla firmarán el formulario de análisis de riesgos y de información previa al trabajo.

- Los nuevos miembros de la cuadrilla de trabajo que se incorporen después de la sesión informativa previa al trabajo recibirán una sesión informativa completa sobre el Permiso para Trabajar y la documentación asociada antes de incorporarse al trabajo.



All persons working on this job are required to sign below to acknowledge they understand this permit, hazard analysis and have reviewed the above information					
Print Name	Date	Print Name	Date	Print Name	Date

# Permiso para Trabajar - Sistema de PTW único

- Para las actividades especializadas que no están incluidas en el Sistema de PTW Único, ya no será necesario un Permiso General para Trabajar
- Sólo será necesario el permiso/formulario asociado con las aprobaciones apropiadas para comenzar el trabajo.
  - Algunos ejemplos son:
    - Buceo
    - Trabajo Eléctrico Energizado

The image shows a detailed 'Energized Electrical Work Form' from Chevron. The form is divided into three main sections: SECTION A, SECTION B, and SECTION C.

**SECTION A: General Information**

- Title:** Energized Electrical Work Form
- Form Number:** XXXX
- Facility Name:** \_\_\_\_\_
- Form Valid From:** \_\_\_\_\_
- Form Valid To:** \_\_\_\_\_
- Approved General Work Permit - Form:** \_\_\_\_\_
- List Permit - Form Number:** \_\_\_\_\_
- List Related Drawings Numbers Attached:** \_\_\_\_\_
- General Work Permit:** \_\_\_\_\_
- Site Work Permit:** \_\_\_\_\_
- Confined Space Entry Form:** \_\_\_\_\_
- Equipment Isolation Checklist (LOTO):** \_\_\_\_\_
- Critical Equipment Affected:** \_\_\_\_\_
- Location:** \_\_\_\_\_
- Desired Voltage:** \_\_\_\_\_
- Frequency (Hz):** \_\_\_\_\_
- Work Voltage:** \_\_\_\_\_
- Permit Requester (Name & Company):** \_\_\_\_\_
- Position:** \_\_\_\_\_
- Description of Work- Reason for Energized Electrical Work:** \_\_\_\_\_

**SECTION B: General Safety Precautions**

Precautions Required	Complied		Comments
	Yes	No	
<input type="checkbox"/> Electrical precautions with appropriate permits	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Work Permit (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Work Permit (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Risk Assessment (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (Secondary Request, Special Work, LOTO, Confined Space, Permit to Enter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Permit to Enter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION C: Approval and Acceptance Section**

**Approval and Acceptance Section**

No signature indicates that I have understood and will fully comply with the conditions and requirements of this General Form.

Permit Holder: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Qualified Electric Person (File #): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized Person (File #): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

My signature below indicates that all requirements and conditions of this Section A Form and related permits have been in effect and that work can be safely performed.

Permit Holder: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized Approval (if required): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Form Extension Section**

Qualified Electric Person (File #): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized Approval (if required): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Permit Holder: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Qualified Electric Person (File #): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized Approval (if required): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Energized Electrical Work completed. Issued by: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Permit Holder or Requester (Signature): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_





# Permiso para Trabajar - GWP + Formularios de Sistema PTW

- El Permiso General de Trabajo se divide en 3 secciones "A", "B" y "C":
  - "A" (solicitud de trabajo) que deberá ser rellena por el Solicitante/Titular del Permiso y presentar al Emisor del Permiso".
  - "B" a ser rellena por el Emisor del Permiso
  - "C" requerirá que las partes designadas firmen según corresponda.
- Sólo el Emisor del Permiso puede hacer cambios en la información de los formularios y los cambios DEBEN hacerse en todas las copias y COMUNICARSE al Solicitante/Titular del Permiso.
  - Una excepción es que la adición de los resultados de las pruebas de gases pueden registrarse en una copia publicada en el sitio de trabajo.
- Se permiten variaciones locales del formato si el permiso cumple los requisitos de diseño de la Norma de Permisos para Trabajar.
- Los formularios pertinentes (Formulario de Trabajo en Caliente / Formulario de Entrada en Espacios Confinados / Formulario de Excavación / Formulario de Trabajo en Alturas) acompañarán al GWP según la descripción del trabajo.



# Permiso para Trabajar - GWP + Formularios de Sistema PTW

- El Permiso para Trabajar proporcionará espacio para enumerar:
  - Descripción del trabajo a realizar, con las limitaciones del trabajo
  - Localización del lugar o área de trabajo
  - Nombre y empresa del Solicitante del Permiso
  - Fecha y período de validez del permiso de trabajo
  - Resultados de las pruebas de gases, si procede
  - Calificación de Consecuencia del trabajo
  - Firma del Solicitante/Titular del Permiso y fecha de firma
  - Firma del Emisor del Permiso y fecha de firma
  - Detalles de la ampliación del permiso general para trabajar
  - Sección de renovación del permiso general para trabajar

**Chevron General Work Permit**

Section A - To be completed by Permit Requester/Holder  
 Section B - To be completed by responsible Requestor/Holder, Permit issuer & Site Checker  
 Section C - To be completed by relevant parties, as indicated.

Permit Number: **GW1001**  
 This Permit to be Displayed at Job Site

Permit valid: From: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) Time: \_\_\_:\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) Time: \_\_\_:\_\_\_

Permit Requester: \_\_\_\_\_ Company: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Number of Workers: \_\_\_\_\_  
 Job Site Location: \_\_\_\_\_ Equipment Number: \_\_\_\_\_

Description of work: \_\_\_\_\_  
 List Types, Tools & Equipment Required: \_\_\_\_\_  
 Previous Content of Tank/Equipment: \_\_\_\_\_

Consequence Level:  Low\*  HIGH\*  CRITICAL\* \*Attach of Hazard Analysis document as required by TOC.

Additional Forms Required:  HW Form # \_\_\_\_\_  CSE Form # \_\_\_\_\_  Excavation Form # \_\_\_\_\_  WAH Form # \_\_\_\_\_  Electrical Form # \_\_\_\_\_  
 Commercial Diving Permit # \_\_\_\_\_  Other Form # \_\_\_\_\_

**Gas Test Results**  
 If a Gas Test is required. Frequency of Gas Testing: \_\_\_\_\_  
 (Note: Gas Test for Hot Work & Confined Space Entry required to be recorded on relevant permit form)

Date(dd/mm/yy)	Time	% O2	% LEL	H2S (ppm)	CO (ppm)	% or ppm of other Gas	Instrument (Make-Model-Chevron/Contractor)	Type of Gas Test (Initial / Renewal / Revision / Follow up / Continuous)	GGT/CGM Name

If continuous Gas Testing is required throughout Job.

Permit issuer to  Items required below and once verified as completed, the responsible party to initial accordingly.

SECTION "B"	Permit Holder	Permit Issuer	Site Checker
<input type="checkbox"/> Respiratory protection in place. Type: _____			
<input type="checkbox"/> Standby person assigned through out performance of work.			
<input type="checkbox"/> Special PPE equipment and/or clothing in place. List: _____			
<input type="checkbox"/> Equipment is de-energized.			
<input type="checkbox"/> Equipment is drained.			
<input type="checkbox"/> All energy sources isolated, locked and tagged (Lock-out & Tag-Out)			
<input type="checkbox"/> Safety Data Sheet (SDS) provided, hazards reviewed. List Chemical: _____			
<input type="checkbox"/> Area is barricaded.			
<input type="checkbox"/> Approved 2-way radio on site.			
<input type="checkbox"/> Artificial lighting (e.g. Flood Lights) in place.			
<input type="checkbox"/> Scaffolding is inspected and certified safe for use.			
<input type="checkbox"/> HES Plan is available.			
<input type="checkbox"/> Management Of Change (MOC) initiated for the work.			
<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.			

**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.  
 Note: Gas Test results (if required) to be recorded on this form or on an attached Gas Test Record Sheet.  
 Permit Holder: (Name & Signature) \_\_\_\_\_ (dd/mm/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.  
 Permit Issuer: (Name & Signature) \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_

Qualified Gas Tester (GGT) / Competent Gas Monitor (CGM) (if required): (Name) \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_  
 Permit Approver (if required): (Name & Signature) \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_

**General Work Permit Extension and Renewal Section**

Note: General Work Permit may be extended from dayshift into night shift, but only by that shift's Permit issuer.  
 Date: \_\_\_\_\_ (dd/mm/yy) Extension Time From: \_\_\_\_\_ To: \_\_\_\_\_  
 Permit Holder: (Name & Signature) \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_ Permit Issuer: (Name & Signature) \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_

**Permit Renewal Section**

My signature below indicates all requirements and conditions of this General Work Permit 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 (dd/mm/yy)	Valid From (Start Time)	Valid To (Stop Time)	Permit Holder	Permit Issuer	Extend From	Extend To	Permit Holder	Permit Issuer

Job Task Completed: \_\_\_\_\_ Job site accepted By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)



# Permiso para Trabajar - GWP + Formularios de Sistema PTW

Tanto el Emisor como el Titular del Permiso deberán poner sus iniciales junto a cada uno de los puntos marcados en la sección B del GWP y de todos los demás formularios pertinentes.

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	G&T 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>										



# Permiso para Trabajar - GWP + Formularios de Sistema PTW

- Aprobación, Prórroga, Renovación y cierre del Permiso en la Sección C.
- Se requieren firmas respectivas del formato de acuerdo a los roles desempeñados.

**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: \_\_\_\_\_ / /  
authorized start time

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

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**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: \_\_\_\_\_

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**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

Sección de Aprobación del Permiso

Sección de Prórroga del Permiso

Sección de Renovación del Permiso

Sección de Cierre del Permiso



# Permiso para Trabajar - GWP + Formularios de Sistema PTW

- La revalidación requiere que el Emisor del Permiso verifique y documente que todas las condiciones y requisitos del permiso y los formularios siguen vigentes.
- La revalidación se documenta en la Herramienta de Información de Seguridad Previa al Trabajo.

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., TFLR, tank farm, tanks, canopy, etc.) <input type="checkbox"/> Identification of equipment to be worked on (tank #, dispenser #, etc.)
<b>SWP Standard:</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?

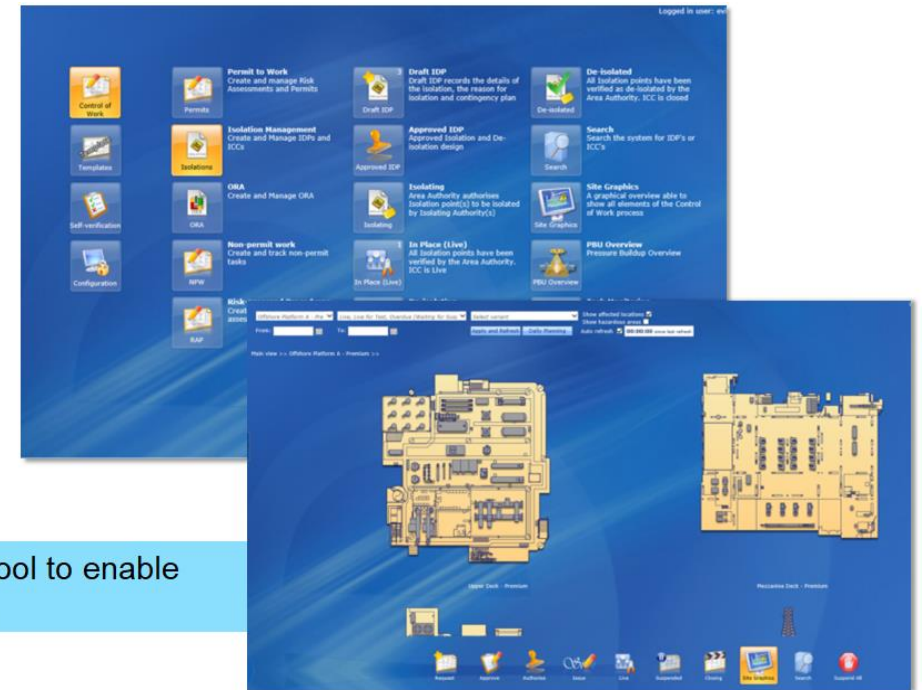
January 2010 Revision Page 1 of 2

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



# Permiso para Trabajar - Sistema Electrónico de PTW (ePTW)

- El Permiso Electrónico para Trabajar es un sistema digital de emisión de permisos que sustituye a los permisos en papel para permitir el control de las obras.
- Permiso electrónico de trabajo:
  - Minimiza el riesgo
  - Maximiza la seguridad
  - Aumenta la eficacia operativa
  - Aumenta la eficacia



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














# Permiso para Trabajar - Sistema Electrónico de PTW (ePTW)

## Actividades del Permiso e Íconos del Flujo de Trabajo










Cada tipo de actividad del permiso tiene su propio símbolo y color asociados. El símbolo y el color nunca cambian durante la vigencia del permiso.

- El período máximo de expedición única del permiso es de 12 horas, pero puede suspenderse/reemitirse según sea necesario dentro de ese turno.
- Todos los permisos tienen una vigencia máxima de 30 días (excepto el de Eludir Protecciones Críticas, que tiene una vigencia máxima de 3 días).

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				

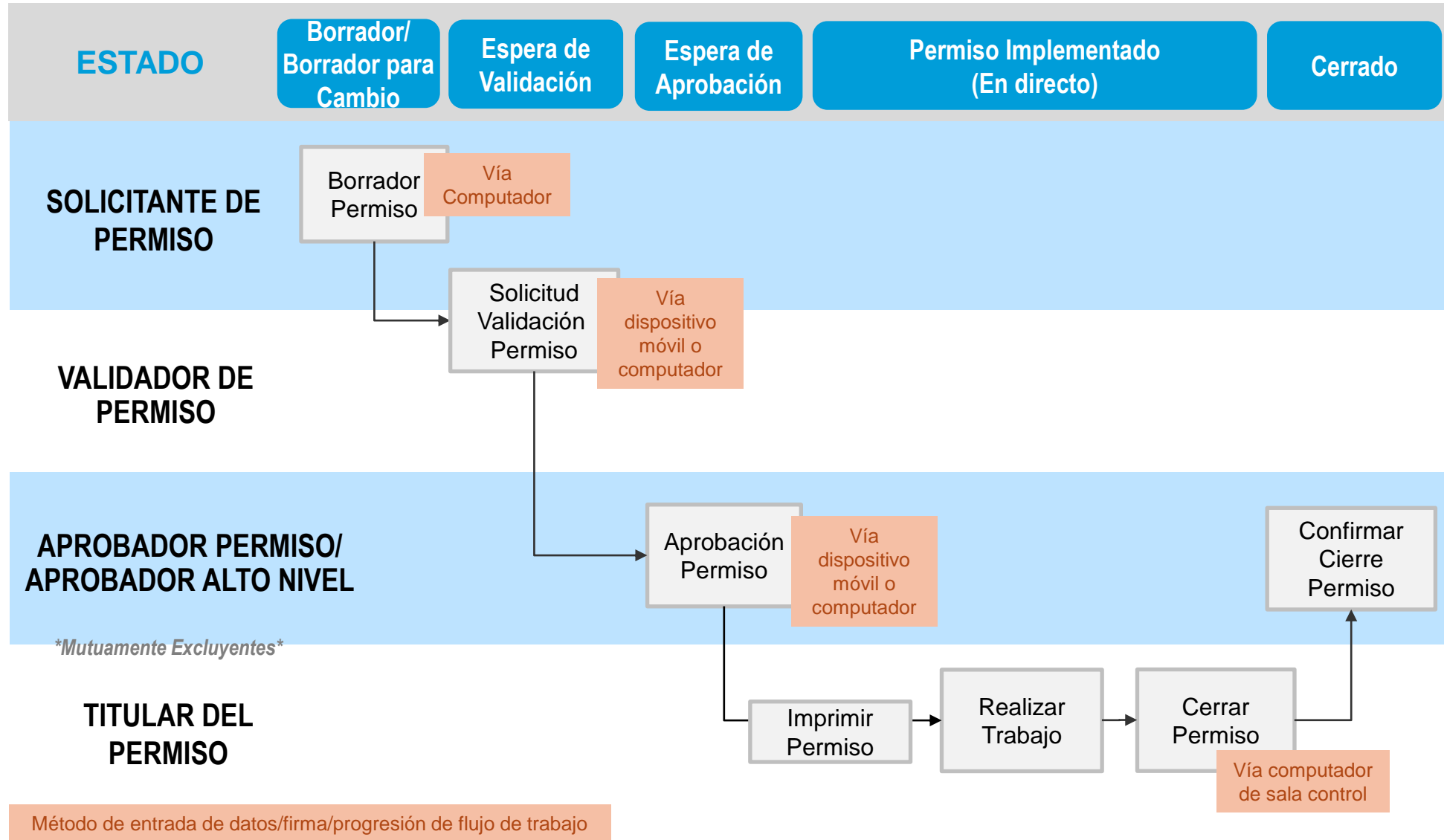
Cada paso del estado del flujo de trabajo tiene su propia forma de icono

- La forma del icono cambia a medida que el permiso avanza en el flujo de trabajo
- Este cambio de forma se muestra en los gráficos del sitio, así como en las copias electrónicas e impresas del permiso.

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

# Permiso para Trabajar - Sistema Electrónico de PTW (ePTW)

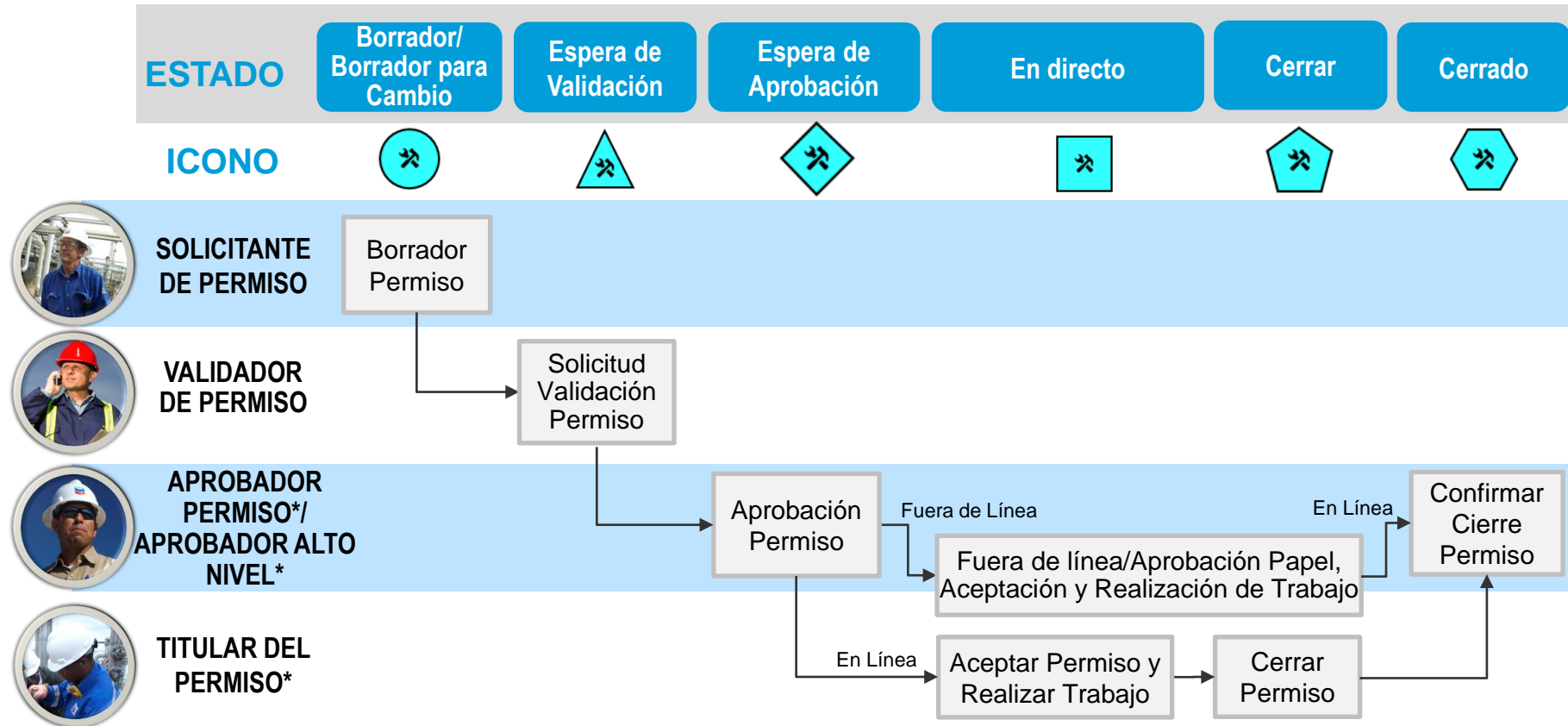
## Flujo de Trabajo de Permisos





# Permiso para Trabajar - Sistema Electrónico de PTW (ePTW)

## Flujo de Trabajo de Permisos



\* Mutuamente excluyentes: una misma persona no puede ser Aprobador de Permiso, Aprobador de Alto Nivel o Titular de Permiso.



# Preparación del Sitio de Trabajo y del Equipo - Prueba de Gas

- Las pruebas de gas deben realizarse de acuerdo con la Norma de Detección de Gas inmediatamente antes del trabajo para cualquier tarea que requiera pruebas de gas. Incluyendo, entre otros:
  - Trabajo en Caliente
  - Entrada en Espacios Confinados
  - Aislamiento de Energía Peligrosa en zonas con atmósfera potencialmente peligrosa
  - Excavación
- Debe ser realizado y evaluado por un Técnico de Gas Cualificado
- Las actividades de trabajo **SÓLO** pueden comenzar una vez que los resultados de las pruebas de gas estén dentro de los límites aceptables y no más de 30 minutos después de que el área haya sido probada para Trabajo Caliente, Ingreso a Espacios Confinados, Excavación y Aislamiento de Energías Peligrosas, 2 horas para otros.



# Permiso para Trabajar

- Revisar y comunicar el Análisis de Riesgos, Permisos y Planes de Trabajo
- Realizar el Trabajo
  - Deberá conservarse in situ una copia del paquete de PTW que incluya, entre otras cosas, lo siguiente
    - Permiso General de Trabajo
    - Permisos Especializados
    - Planes de Trabajo
  - El trabajo debe supervisarse para garantizar que se realiza de forma segura y de acuerdo con los planes de trabajo.



# Pre-Job Safety Briefing

- El Solicitante/Titular del Permiso debe realizar una sesión informativa de seguridad previa al trabajo con todos los trabajadores en el lugar de trabajo, siempre que se vaya a expedir, prorrogar o renovar un Permiso de Trabajo y antes de reanudar el trabajo tras la revalidación del permiso.
- La Herramienta/Formulario de Información de Seguridad Previa al Trabajo es para registrar el contenido de la reunión. Si llegan más trabajadores al sitio después de la reunión informativa sobre seguridad, deberá celebrarse una reunión informativa con ellos.
- La Reunión Informativa de Seguridad Previa al Trabajo abarcará:
  - Alcance del trabajo
  - Condiciones del Permiso para Trabajar y documentos asociados
  - Peligros y riesgos potenciales asociados al trabajo y medidas de control definidas (discusión de JLA)
  - Advertencia de que cualquiera puede detener el trabajo si no considera que sea seguro continuar
  - Requisitos del plan de evacuación y respuesta de emergencia
  - Requisitos de actuación en caso de emergencia, incluidas las expectativas de montaje
  - Ubicación del equipo de respuesta a emergencias y primeros auxilios
  - Requisitos de PPE
  - Autoridad para Detener el Trabajo



Global Work Permit and Permit revalidation

PRE-JOB SAFETY BRIEFING TOOL

**ASSOCIATED GENERAL WORK PERMIT NO.**

**OBJECTIVE:** The permit briefing 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 all work.

**Scope - Physical Scope of Work to be Performed and Working Conditions:**

What scope is identified on the GWP and associated forms?

What are the limiting conditions and/or job restrictions, if any, for the planned work (e.g. do not work after dark, restricted weather conditions, time limits, O/L, etc.)

Additional clarifications to scope beyond work description as described on GWP and associated forms:

**SWP Standard:** Based on the targeted work described above, discuss which SWP standard apply, and identify all permit lines that will be needed.

**Site-specific JLA/JSA/HA(s) develop and discuss for all tasks:**

Job steps identified in each JLA/JSA/HA(s) discussed

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 (when exposure assessed):** Flammable  Toxic  Oxygen Deficiency  Corrosive  Temperature

**Personal Protective Equipment (PPE) and Safety Equipment:** Check PPE discussed for Head  Hand  Respiratory  Body  Hand/Foot

**Discuss elements of Work Plan not already addressed by entries of JLA/JSA/HA(s):** Identify additional work plan elements discussed

**Site Emergency Response / Action Plans:** Check the Emergency Action Plans that were discussed

What to do in case of a medical emergency (who to call, where to go)

What to do in case of a fire

What is the site evacuation plan

**Roles and Responsibilities:** Identify Job Supervisor/Permit to Charge Holders Stop Work Responsibility and Authority, Discuss Alcohol and Drug Policy

**Additional Personnel:** Identify Safety Watch  Fire Watch  Rescue 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**

**Stop Work 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 an 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** (Signs acknowledging that I have been briefed on the hazards and understand the job site location, scope of work, conditions, restrictions and control measures)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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

How Many \_\_\_\_\_

Date \_\_\_\_\_

Page 1 of 2

January 2012 Revision

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

Page 1 of 2



# Prórroga y Renovación de Permiso

- Un Permiso de Trabajo tendrá una duración inicial de 12 horas y los permisos que se prolonguen más allá de 12 horas requerirán una revalidación.
- Un Permiso para Trabajar puede renovarse diariamente hasta un máximo de 6 días laborables consecutivos.
- Antes de prorrogar o renovar un permiso, el Emisor del Permiso debe asegurarse de que:
  - Todas las condiciones, restricciones y medidas de control siguen vigentes
  - Las pruebas de gases realizadas inicialmente se repiten
  - Los resultados de los gases se registran con precisión y se encuentran dentro del intervalo aceptable
  - Se actualiza el número de trabajadores asistentes
  - No se supera el máximo de horas permitidas dentro de un día natural
  - El Emisor/Titular del permiso firma la sección de prórroga/renovación
  - El Permiso de Trabajo está actualizado.



# Cancelación del Permiso

- El Permiso para Trabajar debe anularse y las obras deben suspenderse en cualquiera de las siguientes condiciones:
  - Cambio de toda la cuadrilla de trabajo
  - Cambio del Solicitante/Titular de permiso
  - Modificación del alcance del trabajo (trabajo no previsto inicialmente)
  - Se ha alcanzado el máximo de horas de trabajo para un día natural
  - Cambio en las condiciones del sitio de trabajo, con el consiguiente riesgo potencial
  - Lesiones graves, incidentes o cuasi siniestros en el lugar de trabajo
  - Retirada del permiso de trabajo por parte del Emisor del Permiso



# Terminación del Trabajo

- El Emisor del Permiso inspecciona el lugar de trabajo con el Solicitante del Permiso para verificar:
  - que el trabajo se ha completado conforme al alcance original, y
  - el sitio se deje en condiciones seguras.
- El Emisor del Permiso puede ahora cerrar el Permiso de Trabajo y/o el formulario de trabajo, marcando la casilla correspondiente y firmando el cierre.
- No firme esta sección si el mismo trabajo continúa - inserte el siguiente número de PTW.



**Devolver el Permiso e Inspeccionar el Área de Trabajo**



**Inspeccionar Visualmente el Área de Trabajo**

# Retención de Registros

Los registros de Permisos para Trabajar se retendrán de acuerdo con las siguientes directrices:

- Se conservarán durante un año copias de todos los PTW, formularios y documentación asociada.
- En los casos en que se haya producido un incidente en el lugar de trabajo mientras el permiso estaba en vigor, el formulario del permiso y los documentos relacionados deben conservarse junto con la documentación de la investigación del incidente.
- Si el trabajo autorizado implica un riesgo potencial para la salud, considere la posibilidad de retener la documentación del permiso durante un periodo de tiempo prolongado.

**Chevron Permit to Work** (Revision 3, Nov 2015)

Section A - To be completed by Permit Requester/Holder  
 Section B - To be completed by responsible Permit Issuer  
 Section C - To be completed by relevant parties as indicated

**Permit Number: PTW 1001**  
 This Permit to be Displayed at Job Site

*Disclaimer: Chevron absolves itself from any sort of litigation due to non-compliance with the requirements of this work permit (draft)*

Date Permit Issued: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) Time: \_\_\_:\_\_\_ Company: \_\_\_  
 Permit Holder Name: \_\_\_ Contact #: \_\_\_  
 Facility: \_\_\_ Has Permit Issuer attended PJSS: Yes / No  
 Job Site Location: \_\_\_ Equipment Number: \_\_\_

Description of work: \_\_\_\_\_

List Types Tools & Equipment Required: \_\_\_\_\_

Previous Content of Tank/Equipment: \_\_\_\_\_

List Consequence Rating of job:  LOW  HIGH  CRITICAL  PHA  JLA  CCP  
 Check Additional Forms Required:  Hot Work Form # \_\_\_\_\_  Confined Space Entry Form # \_\_\_\_\_  
 Excavation Form # \_\_\_\_\_  Energized Electrical Form # \_\_\_\_\_  Work at Height # \_\_\_\_\_

**Gas Test Results (QGT to conduct initial test, revalidation & renewal) (CGM to test during work)**

Check if a Gas Test is required (Note: Continuous gas test required for Hot Work & Confined Space Entry work)

Date (dd/mm/yy)	Time	% O <sub>2</sub>	% LEL	H <sub>2</sub> S ppm	CO ppm	Instrument	QGT Initials	CGM Initials

Check if continuous Gas Testing is required throughout Job  Random tes

Permit Issuer to check items required below together with Permit Holder, and initial each & Mark N/A for items that do not apply to the work.

**SECTION "B"**

- Respiratory protection required List type required: \_\_\_\_\_
- Standby person required during performance of work Name: \_\_\_\_\_
- Special PPE equipment and/or clothing required List: \_\_\_\_\_
- Equipment depressurized, drained and cleaned
- SIMOPS activities clearly understood by work teams / other contractors
- All energy sources to equipment isolated, locked and tagged (Lock-out & Tag-Out)
- MSDS provided, hazards reviewed List Chemicals: \_\_\_\_\_
- Area adequately barricaded
- Approved communication device required on site
- Fall Protection required
- Approved Scaffolding / MEWP / MWP required to perform the job task
- Contractor required to provide an HES Plan

**Americas Products Permit to Work**

Permit No. \_\_\_\_\_

Job Site Location: \_\_\_\_\_

Permit Holder: \_\_\_\_\_

Permit Issuer: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Permit Duration: \_\_\_\_\_

Permit Start Date: \_\_\_\_\_

Permit End Date: \_\_\_\_\_

Permit Description: \_\_\_\_\_

Permit Conditions: \_\_\_\_\_

Permit Status: \_\_\_\_\_

Permit History: \_\_\_\_\_

Permit Approval: \_\_\_\_\_

Permit Revalidation: \_\_\_\_\_

Permit Cancellation: \_\_\_\_\_

Permit Archiving: \_\_\_\_\_

Permit Retention: \_\_\_\_\_

