

Safety Permit

Date: _____

Time issued: _____

Expiration time: _____

Permit Issued to:

Maintenance Outside Contractor Name: _____

Job description: _____

CHECKED PRECAUTIONS SHALL BE OBSERVED

- | | |
|---|--|
| <input type="checkbox"/> TAG & DISCONNECT
ELECTRIC EQUIPMENT | <input type="checkbox"/> FIRE EXTINGUISHER
AT SITE |
| <input type="checkbox"/> LINES BLINDED | <input type="checkbox"/> CONTAINS SPARKS |
| <input type="checkbox"/> VALVES CLOSED &
TAGGED | <input type="checkbox"/> KEEP AREA FREE OF
COMBUSTIBLES |
| <input type="checkbox"/> LOCKED OUT | <input type="checkbox"/> BARRICADE AREA |
| <input type="checkbox"/> LINES DISCONNECTED | <input type="checkbox"/> SHIELD ARC |
| <input type="checkbox"/> BLEEDERS OPEN | |

PROTECTIVE EQUIPMENT REQUIRED

- | | |
|--|---|
| <input type="checkbox"/> WEAR GOGGLES
FACE SHIELDS | <input type="checkbox"/> WEAR RUBBER
BOOTS |
| <input type="checkbox"/> WEAR GLOVES
RUBBER THERMAL | <input type="checkbox"/> WEAR SAFETY
BELT & LINE |
| <input type="checkbox"/> WEAR HOOD
ACID THERMAL | <input type="checkbox"/> WEAR RESPIRATOR
DUST CHEMICAL |
| <input type="checkbox"/> WEAR SUIT
RUBBER THERMAL | |

OTHER PRECAUTIONS:

PERMIT CONDITIONS AND REQUIREMENTS UNDERSTOOD

APPROVALS

PLEASE CIRCLE ONE: _____ SIGNED
ENGINEER | FOREMAN | CRAFTSMAN

SAFETY INSPECTOR

OPERATIONS FOREMAN _____ TIME

OPERATIONS FOREMAN _____ TIME

Work must begin within ninety minutes of issuance of this permit.

If the work is interrupted the foreman craftsman, or contractor must indicate equipment condition to operations foreman or operator when leaving job for more than two hours or when job is complete.

JOB COMPLETE _____ JOB INCOMPLETE _____

THIS PERMIT IS TO BE KEPT ON THE JOB UNTIL WORK IS COMPLETED, PERMIT EXPIRES OR IS REVOKED