

DAILY SAFE WORK PERMIT

(Can also be used as Daily Safety Meeting)



Location of work: _____ Work Order Number: _____

Description of today's work: _____

Date of issue: _____ Time: _____

Prime Contractor: _____

Weather: Temp: _____ Precipitation: _____ Wind Speed: _____ Direction: _____

SECTION A: Identification of site hazards

<input type="checkbox"/> Overhead power lines <input type="checkbox"/> Traffic - Vehicular / Pedestrian <input type="checkbox"/> Potential Energy (Fluid/Gas under pressure, Electricity, Static) <input type="checkbox"/> Hazardous material (e.g. fuel/vapour, asbestos, lead, mercury etc.) Specify: _____ <input type="checkbox"/> Inclement weather Specify: _____ <input type="checkbox"/> Guard against falling / dropped objects:	<input type="checkbox"/> Underground utilities <input type="checkbox"/> Slip / Trip <input type="checkbox"/> Bulk fuel / Stored pressure systems (e.g. propane) <input type="checkbox"/> Operating equipment (note on JSA) <input type="checkbox"/> Atmospheric Hazard - Use Atmospheric Testing Log in the Confined Space Checklist to record results <input type="checkbox"/> Hand Hazards (e.g. pinch points, cuts, appropriate gloves) <input type="checkbox"/> Other: _____
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Section B: Identification of hazards (a JSA is required by the crew for each task prior to commencing work to address any of these hazards)

<input type="checkbox"/> Demolition <input type="checkbox"/> Underground tank removal/disposal/ high vapours <input type="checkbox"/> Activities in or near traffic areas <input type="checkbox"/> Concrete cutting / Coring <input type="checkbox"/> Pile driving / Shoring <input type="checkbox"/> Mobile heavy equipment activity (excavators, dump trucks & hydrovac trucks)	<input type="checkbox"/> Welding, cutting, grinding <input type="checkbox"/> Hydroblasting / Sandblasting <input type="checkbox"/> Radiography / X-ray testing <input type="checkbox"/> Pressure Testing <input type="checkbox"/> Other: (Includes clearing brush/trees, reactive chemical handling, working in proximity to deep water, etc.)
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CRITICAL PROCEDURES: Where work involves any of the following hazards, applicable critical checklists must be incorporated into the JSA

<input type="checkbox"/> Work at Height above 1.8m (includes excavations) <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Tankfield Sump Entry <input type="checkbox"/> Lock Out/Tag Out (LOTO)	<input type="checkbox"/> Hot Work <input type="checkbox"/> Heavy Equipment Lifting (i.e., with Crane or Boom Truck) <input type="checkbox"/> Critical Controls System Shut Down <input type="checkbox"/> Ground Disturbance (Shallow or Deep) <input type="checkbox"/> Vacuum Truck use
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SECTION C:

- All work to be conducted in accordance with provincial OH&S regulations and Contractor's Safety Guidelines.
- All applicable conditions must be met before work commences.

	YES	N/A
1. Supervisor in attendance for duration of work outlined above.	<input type="checkbox"/>	<input type="checkbox"/>
2. All personnel involved are trained employees, have received work and site orientation and are fit for duty.	<input type="checkbox"/>	<input type="checkbox"/>
3. Work area has been inspected for potential hazards and risks have been mitigated/controlled.	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate personal protective equipment is on site and worn by workers and visitors (e.g. glove policy).	<input type="checkbox"/>	<input type="checkbox"/>
5. Work area is defined and appropriate signs/barricades are in place to ensure other traffic or people kept out of area, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>
6. Appropriate fire extinguisher(s) available in work area.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did any incident or near miss occur that should be reported and discussed before work starts.	<input type="checkbox"/>	<input type="checkbox"/>
8. All required JSA's (including critical procedures) will be signed by work crew and site supervisor	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Operations/Operating Associate acknowledges work being done on site and any effect on Critical Controls (include contractor start and finish times for maintenance work)

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

OPERATION / OPERATING ASSOCIATES _____
Signature Time (start): Time (finish):

CONTRACTOR CONFIRMATION OF ABOVE LISTED ITEMS

Contractor Site Supervisor (print)	Signature	Time
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Daily Safety Meeting Discussion Items:

Subject:	Comments and follow up:

Last Minute Risk Assessment (LMRA) Testing Results

Worker:	Worker's Company/Trade:	Score 1-5 (1 point for each correct criteria)*	Completed By Print and Sign:	Additional Comments Positive and/or criteria not demonstrated and how to address

***Criteria for testing LMRA quality: (1) understands task (2) risk identification (3) adequate risk mitigation and (4) attitude (5) fit for duty**

WORKER AND VISITOR REGISTER

Your signature signifies that you understand and agree to abide by all the Safety elements reviewed in this Safe Work Permit that are applicable to your activities at the work site.

Worker or visitor name	Company name	Arrival time	Departure time	Signature

For additional registrations, use **Worker/Visitor Registration**