MAINTENANCE SAFE WORK PERMIT



Date:	Site No:	(See Condition of)	Completed By:	o Py	EXTRAINING		
-	Site No.				_		
W/O No:		Prime Contracto	r:				
Description of Planned Worl Note: Record any significant unusual events on reverse.							
Subcontractor(s), if applicab	le:						
SECTION A: HAZARI	D IDENTIFICATION AN	ID CONTROL					
Where the follow Overhead Pow	wing <u>site hazards</u> exist, th ver Lines		must be completed: Potential Energy (Fluid or Gas Slip/Trip (specify):	under Pressure, Electricity, Sta	atic)		
Traffic - Vehicular / Pedestrian Hazardous Material (e.g. fuel/vapour, asbestos, lead, mercury, etc.) Inclement Weather (specify):			Other (specify): Guard against falling / dropped objects				
Where the following elevated risk work hazards exist, the JSA on the reverse must be completed:							
Welding, Cutti	Equipment Activity (Boom Tr ng, Grinding in non-hazardou / Vacuum Testing			Coordination Interdependency (Overlapping Trades) Hand Hazards (e.g. pinch points, cuts, appropriate gloves)			
Where the following high risk work hazards exist, the applicable critical task checklist or procedure must be completed and incorporated into the JSA on the reverse							
	ights above 1.8m		Hot Work				
Confined Space Entry Tankfield Sump Entry		Heavy Equipment Lifting (i.e., with Crane or Boom Truck) Critical Controls System Shut Down					
	Lock Out/Tag Out (LOTO)		Ground Disturbance (Shallow or Deep)				
Other (specify			Vacuum Truck use				
	MATION OF BASIC RI	EQUIREMENTS					
Yes n/a Work will be conducted in accordance with applicable OH&S regulations and Prime Contractor's Safety Policy.							
Safety Data Sheets - Material details to be reviewed prior to start of work. Ensure readily available in case of emergency.							
List applicable SDS's: Appropriate Personal Protective Equipment will be used by Workers and Visitors in Work Area.							
Certified appropriate Fire Extinguisher(s) are available in immediate Work Area, if applicable.							
Tools and Equipment to be used are appropriate and in good working condition. All workers are adequately trained for their tasks and are fit for duty.							
Tools/Equipment: (to be used / stored on site including ladders, steps, mobile scaffold, harness, gas monitoring equipment etc., relevant to safety on site)							
Personal Protective Equipment (Minimum requirement: Approved safety boots / hard hat / visi-vest / safety glasses / gloves fit for use):							
Hearing Prote	• •		Eye Protection (specify):				
Fall Protection			Fire Resistant Clothing				
Respiratory Ed	quipment		Other (e.g. traction aids):				
Gas Monitor							
	Gloves: Type(s) to be used Will gloves need to be removed during work? (Y/N)						
	If Yes, Why? *						
*Ensure noted in applicable step in JSA. Gloves are to be put back on as soon as task requiring glove removal has been completed SECTION C: LAST MINUTE RISK ASSESSMENT (LMRA) TESTING RESULTS (Periodic)							
Worker:	Worker's Company /Trade	Score 1-5	Completed by (Print & Sign)	Additional Commer	nts:		
		(1 point for each correct criteria)*					
*Criteria for testing LMRA quality: (1) understands task (2) risk identification (3) adequate risk mitigation and (4) attitude (5) fit for duty							
SECTION D: ACKNO	WLEDGEMENTS OF F	PLANNED WORK			-		
	Name:	Si	gnature:	POST	Cert No.:		
Responsible Technician							
Supporting Technician							
Supporting Technician							
Supporting Technician							
RETAILER/							
SALES ASSOCIATE:	Signature	Work Start Time	Signa	ture Finish Time			
NOTE: The Retailer/Sales Asso	ciate Assumes No Liability for the	Health and Safety of the Wo	orkers.				

Date:	LE FOR ALL RETAIL MAINTENANCE WORK EXC	SEPT FOR THE FOLLOWING SITUATIONS:
 More than 4 workers at one time, or Work expected to require more than 2 days to co Work within a fenced area, or 	 High Risk Work (demolition, excavat 	ion greater than 0.5m,
Print/Use additional pages for multiple tasks or if additional		
JOB SAFETY ANALYSIS (JSA)	Task:	Cofete Control to Bodies on Flimingto Hannel
Hazardous Activity (Order in which the work will be carried out and brief details of how	Potential Hazards (Examples: electric shock, fall, fire, cuts, vehicle impact, chemical	Safety Controls to Reduce or Eliminate Hazard (Describe the precautions that will be taken)
tasks will be performed)	splash, asphyxiation, critical control bypass, etc.)	(Bescribe the presautions that will be taken)
Day 2 Renewal (if applicable)	: Weather:	
dentified changes to risk and additional controls (e.g	. new crew member, impact on others, inclement weath	er, etc.)
Site Supervisor:	Signed:	POST Cert No.:
·		-
Participant(s):	Signed:	POST Cert No.:
	Signed:	POST Cert No.:
	Signed:	POST Cert No.:
	-	

Use of this form is subject to applicable local laws/regulations, does not replace the need to use good judgment nor applicable practices, and does not in any way amend or modify or supersede the terms or conditions of any contract by and between Owner and Contractor.