

# MAINTENANCE SAFE WORK PERMIT

(See Condition of Use on Reverse)



Date: \_\_\_\_\_ Site No: \_\_\_\_\_ Completed By: \_\_\_\_\_

W/O No: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_

Description of Planned Work: \_\_\_\_\_

Note: Record any significant unusual or unexpected events on reverse.

Subcontractor(s), if applicable: \_\_\_\_\_

## SECTION A: HAZARD IDENTIFICATION AND CONTROL

Where the following site hazards exist, **the JSA** on the reverse must be completed:

- |   |  |
|---|--|
| <input type="checkbox"/> Overhead Power Lines   | <input type="checkbox"/> Potential Energy (Fluid or Gas under Pressure, Electricity, Static) |
| <input type="checkbox"/> Traffic - Vehicular / Pedestrian                                     | <input type="checkbox"/> Slip/Trip (specify): _____  |
| <input type="checkbox"/> Hazardous Material (e.g. fuel/vapour, asbestos, lead, mercury, etc.) | <input type="checkbox"/> Other (specify): _____  |
| <input type="checkbox"/> Inclement Weather (specify): _____                                   | <input type="checkbox"/> Guard against falling / dropped objects                             |

Where the following elevated risk work hazards exist, **the JSA** on the reverse must be completed:

- |   |   |
|---|---|
| <input type="checkbox"/> Mobile Heavy Equipment Activity (Boom Truck, Scissor Lift) | <input type="checkbox"/> Coordination Interdependency (Overlapping Trades)          |
| <input type="checkbox"/> Welding, Cutting, Grinding in non-hazardous atmosphere     | <input type="checkbox"/> Hand Hazards (e.g. pinch points, cuts, appropriate gloves) |
| <input type="checkbox"/> Fuel Pressure / Vacuum Testing                             |   |

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

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

## SECTION B: CONFIRMATION OF BASIC REQUIREMENTS

Yes n/a

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Work will be conducted in accordance with applicable OH&S regulations and Prime Contractor's Safety Policy.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety Data Sheets - Material details to be reviewed prior to start of work. Ensure readily available in case of emergency. |

List applicable SDS's: \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Personal Protective Equipment will be used by Workers and Visitors in Work Area.    |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified appropriate Fire Extinguisher(s) are available in immediate Work Area, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Tools and Equipment to be used are appropriate and in good working condition.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing Protection    | <input type="checkbox"/> Eye Protection (specify): _____   |
| <input type="checkbox"/> Fall Protection       | <input type="checkbox"/> Fire Resistant Clothing           |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Other (e.g. traction aids): _____ |
| <input type="checkbox"/> 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 (1 point for each correct criteria)*	Completed by (Print & Sign)	Additional Comments:

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

## SECTION D: ACKNOWLEDGEMENTS OF PLANNED WORK

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ POST Cert No.: \_\_\_\_\_

Responsible Technician \_\_\_\_\_

Supporting Technician \_\_\_\_\_

Supporting Technician \_\_\_\_\_

Supporting Technician \_\_\_\_\_

**RETAILER/**

**SALES ASSOCIATE:** \_\_\_\_\_ Signature \_\_\_\_\_ Work Start Time \_\_\_\_\_ Signature \_\_\_\_\_ Finish Time \_\_\_\_\_

NOTE: The Retailer/Sales Associate Assumes No Liability for the Health and Safety of the Workers.

