

PROJECT CLEARANCE CERTIFICATE



Location of work: _____

Owner/Project manager: _____

Contractor: _____

Contractor representative: _____

Work to be done: _____

Section A: Identification of site hazards (subject to contractor validation)

<input type="checkbox"/> Overhead power lines <input type="checkbox"/> Traffic or congestion <input type="checkbox"/> Hazardous material on site (e.g. asbestos, lead, mercury, etc.) Specify: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Underground utilities - Expiry of Locates: _____ <input type="checkbox"/> Bulk fuel / Stored pressure systems (e.g. propane) <input type="checkbox"/> Operating equipment Specify: _____
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Section B: Identification of work hazards (a JSA is required by the crew 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"/> Shallow excavation not in careful digging zone or utility locate area <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 (within careful digging zone or utility locate) <input type="checkbox"/> Vacuum Truck use
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Project has been risk assessed at: Higher Moderate Lower

Are there other safety or environmental issues to consider?: Yes: No:
 If 'Yes', explain: _____

Are there any site security considerations that need to be addressed?: Yes: No:
 If 'Yes', explain: _____

Will inventory be left in the tanks and/or tank level monitoring/leak detection systems be left unmonitored?: Yes: No:
 If 'Yes', describe responsibilities of Contractor and/or coordination requirements with Retailer: _____

Section C: Note: A safety kick-off meeting is required for **all** projects.

Will the **owner** project manager participate in the kick-off meeting? In person: By phone: No:

Is this an operating site? If 'yes', the operator signature is required on the daily work permit. Yes: No:

Will Operation's safe work permit / critical control documents be used in addition to contractor's? Yes: No:

Have disposal facilities for impacted soils been approved **by owner**? N/A: Yes: Location: _____

Section D: This is to confirm the hazards and risk rating above will be mitigated and if other hazardous tasks are undertaken, an updated copy of the clearance certificate will be sent to the owner. This acknowledges that I will prepare a Job Safety Analysis which details possible hazards and mitigations associated with the task(s) prior to work commencement at the site.

Contractor representative: _____ Date: _____

Name: _____ Title: _____

Section E: Authorization: The work detailed above is authorized for this project

Owner/Project Manager: _____ Date: _____

Name: _____ **Title:** _____