

MAINTENANCE SAFE WORK PERMIT



Date:	Site No.:	Completed by:
W/O No.:	Prime Contractor:	
Description of planned work:		
<i>Note: Record any significant or unexpected events on pg. 2</i>		
Subcontractor(s), if applicable:		

Condition of use: This form is applicable for all maintenance work except for the following situations:

- More than 4 workers at one time, or
- High Risk Work (demolition, excavation greater than 0.5m, confined space entry except STP sumps, open flame in hazardous spaces, erection of structures)
- Work expected to require more than 2 days to complete, or
- Work within a fenced area, or

SECTION A: HAZARD IDENTIFICATION AND CONTROL

Where the following **SITE HAZARDS** exist, the **JSA** on page 2 must be completed:

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

Where the following **ELEVATED RISK** work hazards exist, the **JSA** on page 2 must be completed:

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mobile Heavy Equipment Activity (Boom Truck, Scissor Lift)
<input type="checkbox"/> Welding, Cutting, Grinding in non-hazardous atmosphere
<input type="checkbox"/> Fuel Pressure / Vacuum Testing | <input type="checkbox"/> Coordination Interdependency (Overlapping Trades)
<input type="checkbox"/> Hand Hazards (e.g. pinch points, cuts, appropriate gloves) |
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Where the following **HIGH RISK** work hazards exist, the applicable **CRITICAL TASK CHECKLIST** or procedure must be completed and incorporated into the **JSA** on page 2

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

SECTION B: CONFIRMATION OF BASIC REQUIREMENTS

Y 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: _____
- 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*)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Fall Protection
<input type="checkbox"/> Respiratory Equipment
<input type="checkbox"/> Gas Monitor
<input type="checkbox"/> Gloves: Specify Type to be used _____ Will gloves need to be removed during work? (Y / N) _____
If yes, why? * _____ | <input type="checkbox"/> Eye Protection (specify): _____
<input type="checkbox"/> Fire Resistant Clothing
<input type="checkbox"/> Arc Flash PPE (Arc rating exceeds hazard) |
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**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: 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
			Work Finish Time

Note: The Retailer / Sales Associate assumes no liability for the health and safety of the workers

