# MAINTENANCE SAFE WORK PERMIT

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|---|---|---|
| Date: | Site No.: | Completed by: |
| W/O No.: | Prime Contractor: | |
| Description of planned work:<br>*Note: Record any significant or unexpected events on pg. 2* | | |
| 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
- Work expected to require more than 2 days to complete, or
- Work within a fenced area, or
- High Risk Work (demolition, excavation greater than 0.5m, confined space entry except STP sumps, open flame in hazardous spaces, erection of structures)

## SECTION A: HAZARD IDENTIFICATION AND CONTROL

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

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

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

- ☐ Mobile Heavy Equipment Activity (Boom Truck, Scissor Lift)
- ☐ Welding, Cutting, Grinding in non-hazardous atmosphere
- ☐ Fuel Pressure / 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 page 2

- ☐ Working at Heights above 1.8 m
- ☐ Confined Space Entry
- ☐ Tankfield Sump Entry
- ☐ Lock Out / Tag Out
- ☐ Hot Work
- ☐ Equipment Lifting (e.g. with Crane or Boom Truck)
- ☐ Critical Controls Systems Shut Down
- ☐ Ground Disturbance (Shallow or Deep)
- ☐ Vacuum Truck Use
- ☐ 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 (SDS): Applicable materials identified, reviewed before starting work, and readily available. |
| ☐ | ☐ | 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 site safety)

_____

**Personal Protective Equipment** *(Minimum requirement: Approved safety boots / hard hat / visi-vest / safety glasses / gloves fit for use)*

- ☐ Hearing Protection
- ☐ Fall Protection
- ☐ Respiratory Equipment
- ☐ Gas Monitor
- ☐ Gloves: Specify Type to be used _____ Will gloves need to be removed during work? (Y / N) _____
  If yes, why? * _____
- ☐ Eye Protection (specify): _____
- ☐ Fire Resistant Clothing
- ☐ Arc Flash PPE (Arc rating exceeds hazard)

**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***

# MAINTENANCE SAFE WORK PERMIT

| SECTION D: JOB SAFETY ANALYSIS (JSA) | Date: |
|---|---|
| Task: | |

| Sequence of Basic Job Steps<br>(Order in which the work will be carried out and brief details of how tasks will be performed) | Potential Hazards/Risks<br>Examples: electric shock, fall, fire, cuts, vehicle impact, chemical splash, critical control bypass, etc. | Safety Controls to Reduce/Eliminate Hazard<br>Describe the precautions that will be taken |
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## SECTION E: LAST MINUTE RISK ASSESSMENT (LMRA) TESTING RESULTS (PERIODIC)

| Worker: | Worker's Company / Trade | Score 1-5* | Completed by: (Print & Sign) | Additional Comments |
|---|---|---|---|---|
| | | | | |

*Score 1 point for each correct criteria. Criteria for testing LMRA quality: (1) understands task (2) risk identification (3) adequate risk mitigation (4) attitude (5) fit for duty

| DAY 2 RENEWAL (IF APPLICABLE) | Date: | | Weather: | |
|---|---|---|---|---|

***Identified changes to risk and additional controls (e.g. new crew member, impact on others, inclement weather, etc.)***

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|---|---|---|---|---|---|
| Site Supervisor: | | Signed: | | POST cert # | |
| Participant(s): | | Signed: | | POST cert # | |
| | | Signed: | | POST cert # | |
| | | Signed: | | POST cert # | |