
	SAFETY MANAGEMENT PROGRAM	Date Issued:	December 2015
		Date Revised:	December 2015
	Section:	SAFETY FORMS	
	Module:	PERMIT TO WORK / HOT WORK	

PERMIT TO WORK

ASSIGNED NO.

GENERAL INFORMATION	
Location of work:	Date:
Name all workers who are involved in maintenance or repair / Hot Work process:	
Description of work to be completed	
Expected # of hours to complete task	

HAZARDS ASSOCIATED WITH TASK		
<input type="checkbox"/> Electrical Shock <input type="checkbox"/> Auto Start Equipment <input type="checkbox"/> Heat/Steam/Hot Water <input type="checkbox"/> Toxic Fumes/Chemicals (MSDS) <input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Flying Debris <input type="checkbox"/> Elevation/Ladders/Scaffolding <input type="checkbox"/> Noise Hazard <input type="checkbox"/> Overhead Clearance	<input type="checkbox"/> Corrosive Fluids/Materials <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Cranes/Lifting/Rigging <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

LOCKS/TAGS APPLIED/REMOVED					
Worker	Tags Applied		Locks Removed		Initials
	Date	Time	Date	Time	

WORK REQUEST		
JOB TYPE (Select one category only)		
<input type="checkbox"/> ME Maintenance on Equip. <input type="checkbox"/> RM Routine Maintenance <input type="checkbox"/> SA Safety	<input type="checkbox"/> CM Change Management <input type="checkbox"/> EN Environment <input type="checkbox"/> EC Energy Conservation <input type="checkbox"/> EG Engineering Work <input type="checkbox"/> TR Training	<input type="checkbox"/> PJ Project <input type="checkbox"/> MI Misc. <input type="checkbox"/> WR Warranty <input type="checkbox"/> AD Administration <input type="checkbox"/> OP Operational

Copy of this form to be forwarded to Health and Safety Committee and Human Resources (Personnel File)