

Date issued \_\_\_\_\_ time issued \_\_\_\_\_ expires (date and time) maximum 1 shift or 12 hours

- General Work (contractors in a production area)
- Non Hazardous Line Break (signature #1)
- Hazardous Line Break (signatures #1, #2)
- Tank / Vessel Opening (signatures #1, #2)

- Electrical work (contractors)
- Electrical devices in Classified Areas (signatures #1, #2, #3)
- Grinding/Cutting/Welding/Open Flame (signatures #1, #2)
- High Hazard Hot Work (signatures #1, #2, #3)

Issued To \_\_\_\_\_  
print name(s) or company

Job Location \_\_\_\_\_  
module / building / floor

\_\_\_\_\_  
signature of person(s) doing the work

Signatures \_\_\_\_\_  
Area representative / Project Leader (General Work)

description of work


\_\_\_\_\_  
# 1 Qualified Hot Work / Linebreak Permit Signer

\_\_\_\_\_  
# 2 Qualified Hot Work / Linebreak Permit Signer

\_\_\_\_\_  
# 3 Fire Equipment Inspector

**HOT WORK CHECKLIST:**

- YES \_\_\_ N/A \_\_\_ Was multigas meter calibrated within 30 days? Calibration Date: \_\_\_\_\_ By Whom: \_\_\_\_\_
- YES \_\_\_ N/A \_\_\_ Explosimeter atmosphere reading OK % LEL Reading: \_\_\_\_\_ (if reading >0, no permit issued)
- YES \_\_\_ N/A \_\_\_ Welding screens or blankets required? YES \_\_\_ N/A \_\_\_ Fire sprinklers / deluge systems operational?
- YES \_\_\_ \_\_\_ Butane lighters removed
- YES \_\_\_ N/A \_\_\_ Sewers, trenches, sample buckets checked for flammable vapors and / or combustibles?
- YES \_\_\_ N/A \_\_\_ Combustible material within 35 / 50 ft removed, covered with fire resistant tarp, or isolated?
- YES \_\_\_ N/A \_\_\_ Hazardous materials from lines and vessels properly isolated? (see back for isolation requirements)
- YES \_\_\_ N/A \_\_\_ Lines purged or ventilated, checked for explosive vapors, and vented prior to hot work?
- YES \_\_\_ N/A \_\_\_ Wet down surrounding area
- YES \_\_\_ N/A \_\_\_ Required fire fighting equipment on hand. \_\_\_\_\_ 10# ABC \_\_\_\_\_ 1 1/2 " HOSE \_\_\_\_\_ Other \_\_\_\_\_
- YES \_\_\_ \_\_\_ Fire Watch (check one): \_\_\_\_\_ WORKING \_\_\_\_\_ NON-WORKING (30 min cool down watch required)
- Additional Requirements \_\_\_\_\_

**Special Requirements for Work (per operating procedure, JSA, Risk Prediction, and / or MSDS requirements)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Face Shield        | <input type="checkbox"/> Chemical Goggles | <input type="checkbox"/> Red / Yellow Safety Barricade (circle one) | <input type="checkbox"/> Approved Scaffolding        |
| <input type="checkbox"/> Leather Gloves     | <input type="checkbox"/> Rubber Gloves    | <input type="checkbox"/> Continuous Atmospheric Monitoring          | <input type="checkbox"/> Mechanical Lifting Device   |
| <input type="checkbox"/> Safety Harness     | <input type="checkbox"/> Chemical Suit    | <input type="checkbox"/> Safety Shower Located and Tested           | <input type="checkbox"/> GFI Outlet                  |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Rain Suit        | <input type="checkbox"/> Hard Hats                                  | <input type="checkbox"/> Standby w/ PPE for response |
| <input type="checkbox"/> Respirator         | <input type="checkbox"/> Rubber Boots     | <input type="checkbox"/> spill / release response materials         | <input type="checkbox"/> Cover trenches / sumps      |

- Process Change Control / Chemical Clearance Required? YES \_\_\_ NO \_\_\_
- Disturbance of Lead Paint Involved? YES \_\_\_ NO \_\_\_
- Disturbance of Asbestos Involved? YES \_\_\_ NO \_\_\_
- Fork lift training / qualification verified? YES \_\_\_ NO \_\_\_
- Safe Practices/OPs Reviewed? YES \_\_\_ NO \_\_\_
- Confined Space Entry Permit Required? YES \_\_\_ NO \_\_\_ (attach permit)
- Ventilation mechanical \_\_\_ natural \_\_\_

**SYSTEM PREPARATION CHECKLIST:**

- YES \_\_\_ N/A \_\_\_ System is properly prepared? Purged? YES \_\_\_ NO \_\_\_ Drained / Empty? YES \_\_\_ NO \_\_\_
- Washed / Clean? YES \_\_\_ NO \_\_\_ Vented to atmosphere? YES \_\_\_ NO \_\_\_
- YES \_\_\_ N/A \_\_\_ All inflow sources (pumps, lines, valves) locked out, tagged out, isolated and reviewed in the field?
- YES \_\_\_ N/A \_\_\_ Electrical, Hydraulic, Air power sources locked out and residual energy relieved?
- Yes \_\_\_ N/A \_\_\_ All possible entry points of contamination into raw materials or product have been Protected?
- YES \_\_\_ N/A \_\_\_ If work is < 50 ft to RR tracks or unload spot is flag / derailer set?

**TANK AND VESSEL OPENING:** If NO Risk prediction required to identify additional countermeasures.

- YES \_\_\_ Has the Operating procedure been reviewed or a JSA / Risk Prediction written?
- YES \_\_\_ NO \_\_\_ Has the Tank / Vessel been verified to be empty?
- YES \_\_\_ NO \_\_\_ Has the temperature of the Tank / Vessel been verified? Temperature \_\_\_\_\_
- YES \_\_\_ Has a response plan been developed, including spill containment.

**RISK PREDICTION**

Specific Steps	Hazard or Risk	Countermeasures
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.