Berry Bros. General Contractors. Inc.				Work Permit Certificate				Revised: November 12, 2018 #3					
WORK PERMIT CERTIFICATE				RAM CLASSIFICATION (check one			Hi	alh		Extreme			
	WPC TYPE / CATEGORY AND JOB DI					-							
					GROL								
X-RAY / RADIATION			DT WOR	K		URBANCE				ENERGIZED ELECTRICAL			
			RKING WERLI			FINED SPACE RMIT)				ICAL PLEX LIFT			
JOB DESCRIPTION:			1										
JOB LOCATION: SECONDARY JOB LOCATION:													
EQUIPMENT ID/TAG NUMBER:         MINIMUM # OF PEOPLE:           ISOLATION TYPE: (check one)         FULL         PERSONAL         NONE         WORK PERMIT NUMBER:         ####################################													
							TION	· · · · · · · · · · · · · · · · · · ·					
HYDROCARBONS LNGs		EXPLOSIVES Detonators		Workin	HE ng >1,8 m / 6	IGHTS 6 ft.		DYNAMIC Driving		Asbestos	CHEMICA		
Condensate		Explosive Material			s Overhead			Hand Tools					
Explosive Gases		Other		Ground	d Slope/ Sta	ability		Moving Parts		Additives/Inhibitors			
Gasolines		PRESSURE			D STRESS		Slips/Trips/Falls		Paints/Thinners				
Fuel Oils		Liquid		Tensio				Flying		Benzene			
Lubricating Oils		Gas		Compr			Dropped Objects		Catalysts				
Crude Oil ENVIRONMENT		Vacuum ELECTRICITY		Other	РНУ	YSICAL		Other ATMOSPHE		Acids Ammonia			
Weather		Static Electricity		Noise		IOIOAL		Particulates/ Dust			, Pesticides	_	
Fire		ELV 0 – 30V			emperature	!		Toxics (H <sub>2</sub> S, CO)		Chlorine	,		
Lightning		LV 31 – 750V			mperature			Water		Amines			
Terrain (rocks, mud)		MV 750 – 38000V		X-rays	/ Radiation			O <sub>2</sub> Concentration		Degreaser	s		
Ice/Deep Snow		HV >38000V		Flamm	ables			Asphyxiates		Methanol			
Wind		Batteries			JV, Visible)			Other		Sulphur			
Other		Other		NORM					,	Other			
BIOLOGICAL	-	ERGONOMIC		Joh De	PSYCH0 emands	OLOGICAL		SECURITY	1	ENVIRONM			
Plants Animals/Reptiles		Workspace Working Hours			al Issues			Armed Conflict Terrorism		Discharge Discharge			
Insects		Workload		Chang				Crime/Theft		Emission t			
Bacteria		Body Position			g Culture			Vandalism		Resource			
Legionella		Physical Task			Incidents			Other		Other			
Virus		Repetitive Motion		Recog	nition								
Other		Other		Other									
					1	CONTROLS							
Safaty Parson Paguirad			Yes	IN P	lace Tag	sk Specific Proce	duro				Yes	In Place	
Safety Person Required Respiratory Protection Required (Specify type)					103	•							
	red (S	pecify type)			Hou	usekeepina							
	red (S	pecify type)				usekeeping propriate Disposa	al of W	aste					
Respiratory Protection Requi	red (S	pecify type)			Арр	propriate Dispose		aste Line of Fire Awarenes	SS		+		
Respiratory Protection Requi SCBA / SABA	red (S	pecify type)			App Cor	propriate Dispose	oning /	Line of Fire Awarenes	SS				
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Issue Date: August 22, 2017 CAUTION: Printed copies are uncontrolled. 78 – Work Permits – Work Permit Certificate

Berry Bros. Genera	al Contrac	tors. Inc.			We	ork Pe	ermit Certificate		Revised:	Novemb	er 12, 20	18 #3
					Α	UTHO	RIZATION HISTORY					
Approved:		1	Permit Adm	inistrator			ISSUED		Permit Applicant (Crev	v Lead)		
PRINT:				DATE:			PRINT:		DATE			
SIGN:			1	FIME:			SIGN:		TIME			
Authorized /LIVE			Person In C	Charge (PIC	C)		COUNTERSIGNED		Client Representative	(If Applica	ble)	
PRINT:			. [	DATE:			PRINT:		DATE	: <u> </u>		
SIGN:			ר	FIME:			SIGN:		TIME			
COUNTERSIGNED				contotivo	Ontion	al)	Extromo Bick Ann	e vol	Divisional Ma	nagar		
COUNTERSIGNED PRINT:			HSE Repre	e <b>sentative</b> ( DATE:	Option	al)	Extreme Risk App PRINT:	rovai	Divisional Ma	-		
SIGN:				TIME:			SIGN:		DATE TIME:			
51GN.			I IIVIE.			31011.		TIME				
TAILGATE SAFETY		Location:										
MEETING	-											
		Talk Leader	r:						Date:			
		The answ	er to all of th	ne following	questic	ons (wł	nere applicable) must	be YES befor	e the work may proceed.			
											Yes	No
Have the Hazards and	d Controls h	een discusse	d and under	stood?								
					hoon id	lontifio	d and briefed?				_	
Have the people resp												
Has the method of co	ommunicatio	n during work	execution b	een agreed	and tes	sted if	appropriate?					
Has the WPC Task de	escription a	nd detail been	fully explain	ned and und	lerstood	d?						
Are all the work party	aware of w	hat task each	member of t	he work pa	rty has t	to carr	y out at the worksite?					
Are the work party aw	vare that nev	w people joini	ng the work	party must	be giver	n a tho	rough handover?					
Are there other work	parties in the	e area. and if	so, have all	potential wo	ork conf	licts be	een identified?					
Will there be sufficien	•											
		-										
Do all tools and equip											_	
Has any impact to the												
Are all personnel prop					-							
If supplementary docu	uments asso	ociated with th	nis work are r	required, ha	ave they	/ been	reviewed and fully un	derstood?				
Is the work party awa	re that any o	change to the	work scope	will require	the wor	rk party	y to stop work and a n	ew WPC rais	ed?			
Do all personnel know		-					· · ·					
Has the isolation beer			-		-							
Is there an up-to-date						diante	ved at the worksite?					
is there an up-to-date	e copy of the	e WPC with all	correspond	ing docume			-					
						Work	Party Declaration					
											Yes	No
Does the team accept	t that the W	PC descriptio	n detail and	Risk Asses	sment a	accurat	tely reflects the work to	be done?				
Name (Print)			Signa	ture							П	ate
			1									
			<del></del>									
						G	SAS TESTING					
Initial Gas Test		Date:			T	Time:			AGT Name:			
O <sub>2</sub> %	LEL %		H₂S ppr	n		CO <sub>2</sub> p	pm		AGT Signature:			
Periodic Gas Test		Frequenc	v:									
	Time:	1,10,10			1.51	0/		U.C	00			
Date:	Time:		O <sub>2</sub> %		LEL	70		H₂S ppm	CO <sub>2</sub> ppm			
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				v	ORK P	PERMI	T COMPLETION SIG	N-OFF				
			Yes	No	N/A		Comments:					
Was work site left safe	e and tidy?											
	-						1					
Is equipment ready to	be returne	d to service?										
JOB COMPLETED		PERMIT AF	PLICANT				WPC COMPLETED	)	PERMIT ADMINISTRATOR			
PRINT:				DATE:			PRINT:		DATE	: _		
SIGN:				FIME:		-	SIGN:		TIME		_	

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