

WORK PERMIT CERTIFICATE	RAM CLASSIFICATION (check one) <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 1.2em;"> Medium High Extreme </div>
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WPC TYPE / CATEGORY AND JOB DESCRIPTION

<input type="checkbox"/> X-RAY / RADIATION	<input type="checkbox"/> NO-GO ZONE ENTRY	<input type="checkbox"/> HOT WORK	<input type="checkbox"/> GROUND DISTURBANCE	<input type="checkbox"/> WORKING AT HEIGHTS	<input type="checkbox"/> ENERGIZED ELECTRICAL	<input type="checkbox"/> SIMOPS
<input type="checkbox"/> WORKING WITH PRESSURIZED SYSTEMS	<input type="checkbox"/> LOCKOUT TAGOUT	<input type="checkbox"/> WORKING NEAR POWERLINES	<input type="checkbox"/> CONFINED SPACE (PERMIT)	<input type="checkbox"/> NON-ROUTINE OR HEAVY LIFT	<input type="checkbox"/> CRITICAL COMPLEX LIFT	<input type="checkbox"/> OTHER

JOB DESCRIPTION:

JOB LOCATION: _____ SECONDARY JOB LOCATION: _____

EQUIPMENT ID/TAG NUMBER: _____ MINIMUM # OF PEOPLE: _____

ISOLATION TYPE: (check one) FULL PERSONAL NONE WORK PERMIT NUMBER: #####

HAZARDS/THREATS IDENTIFICATION

HYDROCARBONS	EXPLOSIVES	HEIGHTS	DYNAMIC	CHEMICAL
LNGs <input type="checkbox"/>	Detonators <input type="checkbox"/>	Working >1,8 m / 6 ft. <input type="checkbox"/>	Driving <input type="checkbox"/>	Asbestos <input type="checkbox"/>
Condensate <input type="checkbox"/>	Explosive Material <input type="checkbox"/>	Objects Overhead <input type="checkbox"/>	Hand Tools <input type="checkbox"/>	Glycols <input type="checkbox"/>
Explosive Gases <input type="checkbox"/>	Other <input type="checkbox"/>	Ground Slope/ Stability <input type="checkbox"/>	Moving Parts <input type="checkbox"/>	Additives/Inhibitors <input type="checkbox"/>
PRESSURE		INDUCED STRESS		Slips/Trips/Falls <input type="checkbox"/>
Fuel Oils <input type="checkbox"/>	Liquid <input type="checkbox"/>	Tension <input type="checkbox"/>	Flying <input type="checkbox"/>	Benzene <input type="checkbox"/>
Lubricating Oils <input type="checkbox"/>	Gas <input type="checkbox"/>	Compression <input type="checkbox"/>	Dropped Objects <input type="checkbox"/>	Catalysts <input type="checkbox"/>
Crude Oil <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Acids <input type="checkbox"/>
ENVIRONMENT	ELECTRICITY	PHYSICAL	ATMOSPHERE	Ammonia <input type="checkbox"/>
Weather <input type="checkbox"/>	Static Electricity <input type="checkbox"/>	Noise <input type="checkbox"/>	Particulates/ Dust <input type="checkbox"/>	Herbicides, Pesticides <input type="checkbox"/>
Fire <input type="checkbox"/>	ELV 0 – 30V <input type="checkbox"/>	Cold Temperature <input type="checkbox"/>	Toxics (H ₂ S, CO) <input type="checkbox"/>	Chlorine <input type="checkbox"/>
Lightning <input type="checkbox"/>	LV 31 – 750V <input type="checkbox"/>	Hot Temperature <input type="checkbox"/>	Water <input type="checkbox"/>	Amines <input type="checkbox"/>
Terrain (rocks, mud) <input type="checkbox"/>	MV 750 – 38000V <input type="checkbox"/>	X-rays / Radiation <input type="checkbox"/>	O ₂ Concentration <input type="checkbox"/>	Degreasers <input type="checkbox"/>
Ice/Deep Snow <input type="checkbox"/>	HV >38000V <input type="checkbox"/>	Flammables <input type="checkbox"/>	Asphyxiates <input type="checkbox"/>	Methanol <input type="checkbox"/>
Wind <input type="checkbox"/>	Batteries <input type="checkbox"/>	Light (UV, Visible) <input type="checkbox"/>	Other <input type="checkbox"/>	Sulphur <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	NORM <input type="checkbox"/>		Other <input type="checkbox"/>
BIOLOGICAL	ERGONOMIC	PSYCHOLOGICAL	SECURITY	ENVIRONMENTAL
Plants <input type="checkbox"/>	Workspace <input type="checkbox"/>	Job Demands <input type="checkbox"/>	Armed Conflict <input type="checkbox"/>	Discharge to Water <input type="checkbox"/>
Animals/Reptiles <input type="checkbox"/>	Working Hours <input type="checkbox"/>	Personal Issues <input type="checkbox"/>	Terrorism <input type="checkbox"/>	Discharge to Land <input type="checkbox"/>
Insects <input type="checkbox"/>	Workload <input type="checkbox"/>	Change <input type="checkbox"/>	Crime/Theft <input type="checkbox"/>	Emission to Air <input type="checkbox"/>
Bacteria <input type="checkbox"/>	Body Position <input type="checkbox"/>	Working Culture <input type="checkbox"/>	Vandalism <input type="checkbox"/>	Resource Use <input type="checkbox"/>
Legionella <input type="checkbox"/>	Physical Task <input type="checkbox"/>	Critical Incidents <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Virus <input type="checkbox"/>	Repetitive Motion <input type="checkbox"/>	Recognition <input type="checkbox"/>		
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>		

REQUIRED CONTROLS

	Yes	In Place		Yes	In Place
Safety Person Required	<input type="checkbox"/>		Task Specific Procedure	<input type="checkbox"/>	
Respiratory Protection Required (Specify type)	<input type="checkbox"/>		Housekeeping	<input type="checkbox"/>	
SCBA / SABA	<input type="checkbox"/>		Appropriate Disposal of Waste	<input type="checkbox"/>	
Isolation / LOTO / Blinds	<input type="checkbox"/>		Correct Body Positioning / Line of Fire Awareness	<input type="checkbox"/>	
Verification of Pressure	<input type="checkbox"/>		Containment Area / Catch Basin	<input type="checkbox"/>	
Flagging / Hazard Warning Signs	<input type="checkbox"/>		Positive Ground Established / Bonded	<input type="checkbox"/>	
Tool Lanyards	<input type="checkbox"/>		Buffer Zone Established	<input type="checkbox"/>	
Fire Fighting Equipment	<input type="checkbox"/>		Approved Adequate Lighting	<input type="checkbox"/>	
Pinch Point Awareness	<input type="checkbox"/>		Approved Adequate Air Ventilation	<input type="checkbox"/>	
Gas Testing (Specify type and frequency)	<input type="checkbox"/>		Overhead Clearances Established	<input type="checkbox"/>	
TDG / DOT Requirements	<input type="checkbox"/>		Proper Tool for the Job / Tool Inspected before use	<input type="checkbox"/>	
Review / Comply with Handling Procedures	<input type="checkbox"/>		Electrical Tools Require GFI protection	<input type="checkbox"/>	
Review SDS	<input type="checkbox"/>		Task Specific PPE (welding, electrical, etc.)	<input type="checkbox"/>	
Eyewash / Shower Located and Inspected	<input type="checkbox"/>		Goggles / Face Shield	<input type="checkbox"/>	
Verification of Electrical Isolation by QEP	<input type="checkbox"/>		Spotter / Signal Person	<input type="checkbox"/>	
Fall Protection / Restraint Equipment	<input type="checkbox"/>		Certified Rigging Equipment	<input type="checkbox"/>	
Positive Communication Method Established	<input type="checkbox"/>		Standard Operating Procedure (SOP)	<input type="checkbox"/>	
Communicate with Adjacent Work Crews	<input type="checkbox"/>		Other	<input type="checkbox"/>	

ADDITIONAL ATTACHMENTS

JSEA	SDS Sheets
Emergency Response Plan	Valid One Call
Pressure Testing Checklist	Line Location Drawing
Confined Space Entry Rescue Plan	Daylight Assurance Form
Atmospheric Monitoring Form	Operator Pre-Excavation Clearance Form
Confined Space Sign In Sheet	X-Pattern Verification
Fall Protection Check List and Rescue Plan	Equipment Inspection Forms
Questions for Safe Lift	Other
Lift Plan (Critical/Complex, Non Routine)	Other

EMERGENCY CONTACT

BBGCI CONTACT: _____ PHONE # _____

EMERGENCY DIRECTIONS: _____

PERMIT BOUNDARY CONDITIONS (VALIDITY)

ISSUE DATE	TIME	VALID UNTIL	EXTENSION	INITIALS
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AUTHORIZATION HISTORY			
Approved: PRINT: _____ SIGN: _____	Permit Administrator DATE: _____ TIME: _____	ISSUED PRINT: _____ SIGN: _____	Permit Applicant (Crew Lead) DATE: _____ TIME: _____
Authorized /LIVE PRINT: _____ SIGN: _____	Person In Charge (PIC) DATE: _____ TIME: _____	COUNTERSIGNED PRINT: _____ SIGN: _____	Client Representative (If Applicable) DATE: _____ TIME: _____
COUNTERSIGNED PRINT: _____ SIGN: _____	HSE Representative (Optional) DATE: _____ TIME: _____	Extreme Risk Approval PRINT: _____ SIGN: _____	Divisional Manager DATE: _____ TIME: _____

TAILGATE SAFETY MEETING	Location: _____	Date: _____
	Talk Leader: _____	

The answer to all of the following questions (where applicable) must be YES before the work may proceed.

	Yes	No
Have the Hazards and Controls been discussed and understood?	<input type="checkbox"/>	<input type="checkbox"/>
Have the people responsible for putting the control measures in place been identified and briefed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the method of communication during work execution been agreed and tested if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Has the WPC Task description and detail been fully explained and understood?	<input type="checkbox"/>	<input type="checkbox"/>
Are all the work party aware of what task each member of the work party has to carry out at the worksite?	<input type="checkbox"/>	<input type="checkbox"/>
Are the work party aware that new people joining the work party must be given a thorough handover?	<input type="checkbox"/>	<input type="checkbox"/>
Are there other work parties in the area, and if so, have all potential work conflicts been identified?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient access and egress at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Do all tools and equipment meet the required standard?	<input type="checkbox"/>	<input type="checkbox"/>
Has any impact to the environment been considered?	<input type="checkbox"/>	<input type="checkbox"/>
Are all personnel properly trained in the correct use of the PPE for the activity?	<input type="checkbox"/>	<input type="checkbox"/>
If supplementary documents associated with this work are required, have they been reviewed and fully understood?	<input type="checkbox"/>	<input type="checkbox"/>
Is the work party aware that any change to the work scope will require the work party to stop work and a new WPC raised?	<input type="checkbox"/>	<input type="checkbox"/>
Do all personnel know the correct tools for the job and are they properly trained in their use?	<input type="checkbox"/>	<input type="checkbox"/>
Has the isolation been reviewed and equipment proven to be energy free?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an up-to-date copy of the WPC with all corresponding documentation displayed at the worksite?	<input type="checkbox"/>	<input type="checkbox"/>

Work Party Declaration		
	Yes	No
Does the team accept that the WPC description detail and Risk Assessment accurately reflects the work to be done?	<input type="checkbox"/>	<input type="checkbox"/>
Name (Print)	Signature	Date

GAS TESTING						
Initial Gas Test		Date:		Time:		AGT Name:
O ₂ %	LEL %	H ₂ S ppm	CO ₂ ppm	AGT Signature:		
Periodic Gas Test		Frequency:				
Date:	Time:	O ₂ %	LEL %	H ₂ S ppm	CO ₂ ppm	
						AGT:
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WORK PERMIT COMPLETION SIGN-OFF				
	Yes	No	N/A	Comments:
Was work site left safe and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is equipment ready to be returned to service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

JOB COMPLETED PRINT: _____ SIGN: _____	PERMIT APPLICANT DATE: _____ TIME: _____	WPC COMPLETED PRINT: _____ SIGN: _____	PERMIT ADMINISTRATOR DATE: _____ TIME: _____
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