

Safe Work Permit

PERMIT # _____

Type of Work	<input type="checkbox"/> Cold Work <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Special Jobs			
Date Issued	Issued To: _____			
Time Issued	Valid From: _____ am/pm	To: _____ am/pm	Permit Extended To: _____ am/pm Approved By: _____	
Location(s) of Work: _____				
Description of Work: _____				
GENERAL CONDITIONS OF WORK		Y	N	N/A
1. Has the work area and surrounding work site been examined to ensure they are free from hazards and that they will not create a hazard for this work; has this permit been discussed with _____				
2. Have wind and atmospheric conditions been considered to ensure workers safety?				
3. Are vehicles allowed into the work area?				
4. Are necessary barriers and warning signs in place?				
5. If applicable, identify material/product normally found in this equipment: <input type="checkbox"/> Flammable <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Hot <input type="checkbox"/> Other: _____				
6. Are workers familiar with the applicable MSDS?				
7. Has the necessary equipment been isolated by: <input type="checkbox"/> Blinding <input type="checkbox"/> Dbl. Block & Bleed <input type="checkbox"/> Closed & Locked Valve <input type="checkbox"/> Plugged <input type="checkbox"/> Disconnected				
8. Has the necessary equipment been decontaminated by: <input type="checkbox"/> Air <input type="checkbox"/> Nitrogen <input type="checkbox"/> Steam <input type="checkbox"/> Water wash <input type="checkbox"/> Forced Ventilation <input type="checkbox"/> Other: _____				
9. Have energy sources been locked and tagged? <input type="checkbox"/> Electric <input type="checkbox"/> Steam <input type="checkbox"/> Gas <input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydraulic <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Heat Tracing				
10. Have overhead & underground hazards been clearly identified?				
11. Have all flammable material sources been identified, removed & covered? (sewers, open containers, spills, etc.)				
12. Is any special fire, emergency, rescue equipment required? <input type="checkbox"/> Extinguishers <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Portable Radio <input type="checkbox"/> Air Movers <input type="checkbox"/> Low Voltage Equipment <input type="checkbox"/> Other: _____				
13. Is any special personal protective equipment required? <input type="checkbox"/> Chemical Clothing <input type="checkbox"/> Goggles/Face Shield <input type="checkbox"/> Rubber Gloves / Boots <input type="checkbox"/> Breathing Apparatus <input type="checkbox"/> Safety Belt/Harness <input type="checkbox"/> Other: _____				
14. Are precautions necessary for radiography work?				
15. Has the necessary equipment been bonded/grounded?				
16. Is a watch person required for: <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Hot Work <input type="checkbox"/> Vehicle/Crane Manoeuvring <input type="checkbox"/> Other: _____				
17. Have the necessary gas tests been performed? <input type="checkbox"/> Periodic <input type="checkbox"/> Continuous Results: flammable _____ % LEL H2S _____ PPM Oxygen _____ % VOL Other _____				
Comments _____ _____				

Agreement: I have reviewed both the job and the permit - I understand the nature and extent of the work and agree to abide by all the conditions and precautions as stated above to complete the work safely.

Permit Issuer: _____	Permit Receiver: _____
PRINT	PRINT
_____ SIGNATURE	_____ SIGNATURE
Additional Approval when Required – Lead Operator: _____	# of workers on job _____
PRINT	# of vehicles on job _____
_____ SIGNATURE	_____

PLEASE RETURN & SIGN OFF PERMIT WHEN JOB/SHIFT IS COMPLETE.

Job Status: Complete Incomplete

Time: _____ am/pm Receiver's Signature: _____

Worksite Safety Inspection Form

Worksite Inspection Report

Inspection Location: _____ Date of Inspection: _____

Department/Areas Covered: _____ Time of Inspection: _____

					For Future Follow-up		
Item & Location	Hazard(s) Observed	Repeat Item Yes/No	Priority	Recommended Action	Responsible Person	Action Taken	Date

Copies to: _____ Inspected by: _____

Manager's Signature: _____

Equipment/Vehicle Inspection Checklist

Date: _____ Operator: _____ Unit: _____

Rating Legend:

N.A. = Not applicable to this unit

M = Passed but maintenance required

P = Passed in good working condition

R = Rejected, replacement necessary before returning to service

N.B.: In conjunction with this form, fill out a Maintenance Record Form and submit the two together to the office.

<u>ITEM</u>	<u>REMARKS/CONDITION</u>
<p>Driver's Compartment</p> <p><input type="checkbox"/> Sun Visors</p> <p><input type="checkbox"/> Windshield Wipers</p> <p><input type="checkbox"/> Side Windows</p> <p><input type="checkbox"/> Pedal Pads</p> <p><input type="checkbox"/> Seats and Seatbelts</p> <p><input type="checkbox"/> Speedometer</p> <p><input type="checkbox"/> Compressor Build</p> <p><input type="checkbox"/> Air Leakage</p> <p><input type="checkbox"/> Horn and Switches</p> <p><input type="checkbox"/> Windshield Defroster</p> <p><input type="checkbox"/> Beam Indicator</p> <p><input type="checkbox"/> Fire Exit</p> <p><input type="checkbox"/> Accelerator Pedal and Air Throttle</p> <p><input type="checkbox"/> Compressed Air</p> <p><input type="checkbox"/> Steering, Column Security and Power Assist</p> <p><input type="checkbox"/> Mirrors</p> <p><input type="checkbox"/> Windshield</p> <p><input type="checkbox"/> Instrument Lamps</p> <p><input type="checkbox"/> Hazard Warning Kit</p> <p><input type="checkbox"/> Air Pressure Gauge</p> <p><input type="checkbox"/> Steering Travel</p> <p><input type="checkbox"/> Clutch Disengagement</p> <p>Body Exterior</p> <p><input type="checkbox"/> Headlamp Operation/Aim</p> <p><input type="checkbox"/> Tail Lamps</p> <p><input type="checkbox"/> Marker Lamps</p> <p><input type="checkbox"/> Trailer Hitch</p> <p><input type="checkbox"/> Tire Pressure</p> <p><input type="checkbox"/> Trailer Cord</p> <p><input type="checkbox"/> Glad Hands and Air Systems</p> <p><input type="checkbox"/> Clearance Lamps</p> <p><input type="checkbox"/> Stop Lamps</p> <p><input type="checkbox"/> Hazard Lamps</p> <p><input type="checkbox"/> Secondary Attachments</p> <p><input type="checkbox"/> Paint</p> <p><input type="checkbox"/> Headache Rack or Chain Rack</p> <p><input type="checkbox"/> Reservoirs, Brackets and Straps</p> <p><input type="checkbox"/> Identification Lamps</p> <p><input type="checkbox"/> Turn Signal Lamps</p> <p><input type="checkbox"/> Reflex Reflectors</p> <p><input type="checkbox"/> Fenders/Mud Flaps</p> <p><input type="checkbox"/> Air Lines</p> <p><input type="checkbox"/> Body, Doors, Bumpers and Cabs</p>	

Equipment/Vehicle Inspection Checklist Continued

<u>ITEMS</u>	<u>REMARKS/CONDITION</u>
<p>Under the Hood</p> <p>___ Hood</p> <p>___ Power Steering System</p> <p>___ Exhaust System</p> <p>___ Air Filter</p> <p>___ Cooling System</p> <p>___ Air Compressor Belt</p> <p>___ Fuel Pump and System</p> <p>___ Fan and Belt</p> <p>___ Windshield Washer Pump and Container</p> <p>___ Air Compressor</p> <p>___ Battery and Wiring</p> <p>___ Carburetor</p> <p>___ Distributor</p> <p>Undercarriage</p> <p>___ Transmission</p> <p>___ Steering Box</p> <p>___ Cotter Pins</p> <p>___ Tie Rod Ends</p> <p>___ Shock Absorbers</p> <p>___ Oil Pan</p> <p>___ Drag Link</p> <p>___ Tie Rod</p> <p>___ Frame Rails</p> <p>___ Springs</p> <p>___ Muffler</p> <p>___ Pitman Arm</p> <p>___ Differential</p> <p>___ Suspension</p> <p>___ Axles</p> <p>Brakes, Tires and Wheels</p> <p>___ Brake Components</p> <p>___ Spring Caging Bolts</p> <p>___ Disc Brakes</p> <p>___ Reservoirs and Valves</p> <p>___ Wheel Bearings</p> <p>___ Proportioning Valve</p> <p>___ Brake Camshafts and Travel</p> <p>___ U-Joint</p> <p>___ Brake Drum Condition</p> <p>___ Brake Lines and Hoses</p> <p>___ Tire Pressure</p> <p>___ Vacuum System, Reserve Pump Operation</p> <p>___ Tire Wear</p> <p>___ Road Clearance</p> <p>___ Brake Lining Thickness</p> <p>___ Brake Failure Indicator</p> <p>___ Park and Emergency Brakes</p> <p>___ Brake Operation</p>	

Equipment Passed

Equipment Not Passed

Inspector Signature: _____