



Town of Mooresville

SAFE WORK PERMIT

THIS PERMIT MUST BE ISSUED BEFORE WORK IS STARTED, CONSPICUOUSLY POSTED AT THE JOB SITE, AND CANCELLED IMMEDIATELY AFTER COMPLETION. CANCELLED PERMITS ARE TO BE MAINTAINED BY THE DEPARTMENTAL SUPERVISOR.

SECTION I- PERMIT REQUEST- Complete Section I-V, XII-XIII and Permit Type Section

PERMIT TYPE: Elevated Work Hot Work Electrical/LOTO

DEPARTMENT: _____ LOCATION: _____

DESCRIPTION OF WORK: _____

CHEMICALS USED: Yes No N/A **ATTACH RELEVANT SDS SHEETS FOR REVIEW**

PERMIT VALID FROM:	Date:	Time:	PERMIT VALID TO:	Date:	Time:
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THIS CERTIFIES THAT I HAVE PERSONALLY COMPLETED A SAFETY INSPECTION OF THE AREA WHERE THE WORK IS TO BE COMPLETED, IDENTIFIED THE HAZARDS, PREPARED SITE-SPECIFIC EMERGENCY PLANS AND IDENTIFIED NECESSARY PRECAUTIONS TAKEN TO PROTECT ASSIGNED PERSONNEL AGAINST INJURY.

SECTION II- HAZARD IDENTIFICATION

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Fall Hazard
<input type="checkbox"/> Engulfment
<input type="checkbox"/> Fire Hazard
<input type="checkbox"/> Slips / Trip
<input type="checkbox"/> Pneumatic Energy
<input type="checkbox"/> Biological (blood, feces)
<input type="checkbox"/> Airborne Contaminants
<input type="checkbox"/> Excavation | <input type="checkbox"/> Electrical
<input type="checkbox"/> Hydraulic
<input type="checkbox"/> Chemical
<input type="checkbox"/> Poor Lighting
<input type="checkbox"/> Bypassing Safety Devices
<input type="checkbox"/> Stored Energy
<input type="checkbox"/> Vibration
<input type="checkbox"/> Vehicle Traffic | <input type="checkbox"/> Pedestrian Traffic
<input type="checkbox"/> Struck By
<input type="checkbox"/> Confined Space
<input type="checkbox"/> Noise
<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Dust/ Mist/ Fume
<input type="checkbox"/> Mechanical | <input type="checkbox"/> Flammable
<input type="checkbox"/> Thermal (heat/cold stress)
<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Welding
<input type="checkbox"/> Underground Utilities
<input type="checkbox"/> Restricted Entry/Egress
<input type="checkbox"/> Other: _____ |
|--|---|--|--|

SECTION III- SITE PREPAREDNESS

Means to restrict access to the area: Barricades Attendant Guards Signs N/A

Overhead powerlines: Yes No

SPECIAL TRAINING REQUIRED: _____

SITE SPECIFIC EMERGENCY PLAN : _____

SECTION IV – PERSONAL PROTECTIVE EQUIPMENT

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Face Shield
<input type="checkbox"/> Hard Hat
<input type="checkbox"/> Safety Shoes
<input type="checkbox"/> Protective Gloves
<input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Anti-Vibration Gloves
<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Tyvek Suit
<input type="checkbox"/> Water Resistant Boots
<input type="checkbox"/> Welding Protection | <input type="checkbox"/> Chainsaw Protection
<input type="checkbox"/> Voltage-Rated Gloves
<input type="checkbox"/> AF Clothing - Level 0
<input type="checkbox"/> AF Clothing - Level 2
<input type="checkbox"/> AF Clothing - Level 4
<input type="checkbox"/> Hi-Visibility Safety Vest | <input type="checkbox"/> FR Coveralls
<input type="checkbox"/> FR Jacket/Rainwear
<input type="checkbox"/> Arc-Rated Face Shield
<input type="checkbox"/> Flash Suit Hood
<input type="checkbox"/> Other: _____ |
|---|--|---|---|

SECTION V – EQUIPMENT

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Special PPE
<input type="checkbox"/> Radio/Cellphone
<input type="checkbox"/> Lock out/Tag out
<input type="checkbox"/> GFCI Protected Power
<input type="checkbox"/> Generators
<input type="checkbox"/> Ladders
<input type="checkbox"/> Flaggers | <input type="checkbox"/> Tripod / Davit Arm
<input type="checkbox"/> Winch
<input type="checkbox"/> Self-Retracting Line (SRL)
<input type="checkbox"/> Full-Body Harness
<input type="checkbox"/> Bosun Chair
<input type="checkbox"/> Ventilation Equipment
<input type="checkbox"/> Trench Box/Shoring | <input type="checkbox"/> Air Monitoring
<input type="checkbox"/> Explosion Proof Lighting
<input type="checkbox"/> Non-Sparking Tools
<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Signs/ Tags
<input type="checkbox"/> Barriers
<input type="checkbox"/> Competent Person | <input type="checkbox"/> Portable Extraction
<input type="checkbox"/> Welding Screens
<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Fire Blanket
<input type="checkbox"/> Attendants/ Spotters
<input type="checkbox"/> Voltage-Rated tools
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|---|---|--|

SECTION VI- ADDITIONAL PRECAUTIONS AND INSTRUCTIONS

SECTION VI I- ELEVATED WORK

METHOD OF FALL PROTECTION <input type="checkbox"/> Personal Fall Arrest System <input type="checkbox"/> Controlled Access Zone <input type="checkbox"/> Safety Monitor <input type="checkbox"/> Warning Line <input type="checkbox"/> Other: _____				COMPETENT PERSON: _____			YES	NO	N/A
				Safe access to elevation and tie-off point provided?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Ladder inspected and fastened to prevent slipping?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harness, lanyard, anchor inspected prior to use?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof safety plan in place for work within 20' of edge?		
Area underneath work cordoned off?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding inspected by Competent Person before use?		

SECTION VII I- HOT WORK

Warning Signs Posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have flammable/combustible materials been removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firewatcher assigned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher immediately available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Path of sparks evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will work be completed in a confined space? (Section X of the permit must also be completed)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the material Stainless Steel? (Contact Risk Management for air monitoring)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IX- ENERGY ISOLATION

Equipment prepped for isolation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolation has been verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Lock applied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Lockout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Voltage Present:				Number of Energy Sources:			
SHOCK ANALYSIS/ APPROACH BOUNDARIES:	Limited approach boundary-	____ft ____in		<input type="checkbox"/> Work will be conducted within this boundary. <input type="checkbox"/> Work will be conducted within this boundary.			
	Restricted approach boundary-	____ft ____in					
	Prohibited approach boundary-	____ft ____in					
Hazard/risk category for the task:	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 4				
ATPV rating for FR clothing:	<input type="checkbox"/> N/A (Cat 0)	<input type="checkbox"/> 8 (Cat 2)	<input type="checkbox"/> 40 (Cat 4)				

JUSTIFICATION FOR ENERGIZED WORK:	<input type="checkbox"/> Shut down creates an increased/additional hazard (specify): _____
	<input type="checkbox"/> Shut down is infeasible due to design or operational limitations (specify): _____

SECTION XII- PERSONNEL WORKING UNDER PERMIT

NAME	SIGNATURE	POSITION

YOUR SIGNATURE INDICATES YOU HAVE BEEN BRIEFED AND TRAINED ON THE HAZARDS OF THE SPACE, JOB DUTIES AND PRECAUTIONS YOU MUST TAKE FOR ENTRY

SECTION XIII- PERMIT APPROVAL AND CANCELATION

PERMIT CANCELLED BY: _____ DATE: _____ TIME: _____

PERMIT WAS CANCELED BECAUSE: WORK HAS BEEN COMPLETED THE PERMIT HAS EXPIRED

EMERGENCY (SPECIFY) _____

****PERMITS TURNED INTO RISK AND SAFETY OFFICER****