

MAINTENANCE SAFE WORK PERMIT

(See Condition of Use on Reverse)



Date: _____ Site No: _____ Completed By: _____

W/O No: _____ Prime Contractor: _____

Description of Planned Work: _____

Note: Record any significant unusual or unexpected events on reverse. _____

Subcontractor(s), if applicable: _____

SECTION A: HAZARD IDENTIFICATION AND CONTROL

Where the following site hazards exist, **the JSA** on the reverse must be completed:

- | | |
|---|--|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Potential Energy (Fluid or Gas under Pressure, Electricity) |
| <input type="checkbox"/> Traffic - Vehicular / Pedestrian | <input type="checkbox"/> Slip/Trip (specify): _____ |
| <input type="checkbox"/> Hazardous Material (Fuel, Asbestos, Toxic Chemical, Freon, etc.) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Inclement Weather (specify): _____ | |

Where the following elevated risk work hazards exist, **the JSA** on the reverse must be completed:

- | | |
|--|--|
| <input type="checkbox"/> Mobile Heavy Equipment Activity (Boom Truck, Scissor Lift) | <input type="checkbox"/> Fuel Pressure/Vacuum Testing |
| <input type="checkbox"/> Welding, Cutting, Grinding in non-hazardous atmosphere | <input type="checkbox"/> Coordination Interdependency (Overlapping Trades) |
| <input type="checkbox"/> Shallow Excavation not in careful digging zone or utility locate area | <input type="checkbox"/> Other (specify): _____ |

Where the following high risk work hazards exist, the applicable **critical task checklist** or procedure must be completed and incorporated into **the JSA** on the reverse

- | | |
|--|--|
| <input type="checkbox"/> Work at Height above 1.8m | <input type="checkbox"/> Hot Work |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Heavy Equipment Lifting (i.e., with Crane or Boom Truck) |
| <input type="checkbox"/> Tankfield Sump Entry | <input type="checkbox"/> Critical Controls System Shut Down |
| <input type="checkbox"/> Lock Out/Tag Out (LOTO) | <input type="checkbox"/> Ground Disturbance (within careful digging zone or utility locate area) |
| <input type="checkbox"/> Other (specify): _____ | |

SECTION B: CONFIRMATION OF BASIC REQUIREMENTS

Yes n/a

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | Work will be conducted in accordance with applicable OH&S regulations and Prime Contractor's Safety Policy. |
| <input type="checkbox"/> <input type="checkbox"/> | Safety Data Sheets - Material details to be reviewed prior to start of work. Ensure readily available in case of emergency. |

List applicable SDS's: _____

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | Appropriate Personal Protective Equipment will be used by Workers and Visitors in Work Area. |
| <input type="checkbox"/> <input type="checkbox"/> | Certified appropriate Fire Extinguisher(s) are available in immediate Work Area, if applicable. |
| <input type="checkbox"/> <input type="checkbox"/> | Tools and Equipment to be used are appropriate and in good working Condition. |
| <input type="checkbox"/> <input type="checkbox"/> | All workers are adequately trained for their Tasks. |

Tools/Equipment to be used that are Relevant to Safety (*Ladder, Barricades, Tripod, Harness, Portable Gas Monitor, etc.*):

Additional PPE Requirements, if Any (*at Minimum: Safety Boots/Hard Hat/Visi-Vest/Safety Glasses/Gloves Fit for Use*):

- | | |
|--|---|
| <input type="checkbox"/> Other Eye Protection (specify): _____ | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Breathing Aparatus/Dust Mask |
| <input type="checkbox"/> Other (Specify): _____ | |

Gloves: Type(s) to be used _____ Will gloves need to be removed during work? (Y/N) _____

*If Yes, Why? ** _____

** Ensure noted in applicable step in JSA. Gloves are to be put back on as soon as task requiring glove removal has been completed*

SECTION C: LAST MINUTE RISK ASSESSMENT (LMRA) TESTING RESULTS (*Periodic*)

Worker:	Worker's Company / Trade	Score 1-4 (1 point for each correct criteria)*	Completed by (Print & Sign)	Additional Comments:

**Criteria for testing LMRA quality: (1) understands task (2) risk identification (3) adequate risk mitigation and (4) attitude*

SECTION D: ACKNOWLEDGEMENTS OF PLANNED WORK

Name:

Signature:

Responsible Technician _____	_____
Supporting Technician _____	_____
Supporting Technician _____	_____
Supporting Technician _____	_____

RETAILER/

SALES ASSOCIATE:

Signature

Work Start Time

Signature

Finish Time

NOTE: The Retailer/Sales Associate Assumes No Liability for the Health and Safety of the Workers.

Date: _____

CONDITION OF USE: THIS FORM IS APPLICABLE FOR ALL RETAIL MAINTENANCE WORK EXCEPT FOR THE FOLLOWING SITUATIONS:

- More than 4 workers at one time, or
- Work expected to require more than 2 days to complete, or
- Work within a fenced area, or
- High Risk Work (demolition, excavation greater than 0.5m, confined space entry except STP sumps, open flame in hazardous area, erection of structures).
- **Print / use additional pages for multiple tasks or if additional space required**

JOB SAFETY ANALYSIS (JSA)

Task: _____

Hazardous Activity	Potential Hazards	Safety Controls to Reduce or Eliminate Hazard
<i>(Order in which the work will be carried out and brief details of how tasks will be performed)</i>	<i>(Examples: electric shock, fall, fire, cut, vehicle impact, chemical splash, asphyxiation, critical control bypassed, etc.)</i>	<i>(Describe the precautions that will be taken)</i>

Significant unusual or unexpected events encountered during work, if any:

JSA DAILY RENEWAL

Date: _____

Weather: _____

Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):

Site Supervisor (Print & Sign): _____

Participant name(s): _____

VISITOR LOG

Name: _____

Signature: _____

