

	Safe Work Permit Hinds Safety Form	Doc. #:	HS-14-F-028
		Issue Date:	05-Mar-2018
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		Rev.#	01

PART (A) WORK AUTHORIZATIONS AND/OR DOCUMENTAION **Permit # 0001**

Hot Work
 General/Cold Work
 Confined Space Entry
 Ground Disturbance

PART (B) WORK DETAILS

JOB INFORMATION		JOB COORDINATION		PERMIT VALIDATION	
Company Name		Emergency Assembly Area		Emergency Contact	Receiver to contact in an emergency
Craft Preforming	Type of Craft Crew Size	Emergency Assembly Area		Date/Time Issued	YYYY/MM/DD Time-24hr clock
Permit Receiver		Requested Start	YYYY/MM/DD Time-24hr clock	Date/Time Expired	YYYY/MM/DD Time-24hr clock
Receiver Contact	Radio Band and/or Phone #	Job Number		Permit Revalidation	YYYY/MM/DD Time-24hr clock
Location on Project	Plant Number, Building Name	Job Coordinator		Permit Extension	Authorized By Time-24hr clock
Equip #	Serial or Company #	Lock Out Tag Out Information		Lock Box #	Isolation Number

PART (C) WORK SCOPE & DESCRIPTION

PART (D) SPECILTY SAFETY EQUIPMENT REQUIREMENTS

<input type="checkbox"/> Flame Resistant Work Wear	<input type="checkbox"/> Chemical Suit	<input type="checkbox"/> Fire Watch	<input type="checkbox"/> Fire Blanket	<input type="checkbox"/> Supplied Breathing Air	<input type="checkbox"/> Air Mover	<input type="checkbox"/> Personal Floatation Device	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Mono Goggles	<input type="checkbox"/> Confined Space Monitor	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Spark Containment	<input type="checkbox"/> Bottle Watch	<input type="checkbox"/> Standby Person	<input type="checkbox"/> Working Alone	<input type="checkbox"/> Safety Gloves
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Charged Fire Hose	<input type="checkbox"/> Covered Sewers	<input type="checkbox"/> Air Purifying Respirator	<input type="checkbox"/> Signal Person	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Reflective Stripes

PART (E) SAFETY PRECAUTIONS / HAZARDS

PART (F) CONTROL OF HAZARDOUS ENERGY

<input type="checkbox"/> Mechanically Isolated	<input type="checkbox"/> Blinded or Blanked	<input type="checkbox"/> Double Blocked & Bled	<input type="checkbox"/> Drained & Depressurized	<input type="checkbox"/> Purged or Neutralized	<input type="checkbox"/> Electronically Isolated	<input type="checkbox"/> Test Bumped	<input type="checkbox"/> Reflective Stripes
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PART (G) ATMOSPHERIC MONITORING

FREQUENCY	HRS	INITIAL RESULTS		2 ND RESULTS		3 RD RESULTS		4 TH RESULTS	
Continuous	<input type="checkbox"/>	Equip	Area	Equip	Area	Equip	Area	Equip	Area
Oxygen%	<input type="checkbox"/>								
L.E.L.%	<input type="checkbox"/>								
H2S ppm	<input type="checkbox"/>								
CO ppm	<input type="checkbox"/>								
NH3 ppm	<input type="checkbox"/>								
Other	<input type="checkbox"/>								
Other	<input type="checkbox"/>								
TIME OF TEST		(24 hour clock)		(24 hour clock)		(24 hour clock)		(24 hour clock)	
TESTERS NAME		Printed Name		Printed Name		Printed Name		Printed Name	
TESTERS SIGNATURE		Signature		Signature		Signature		Signature	

