|  |
| --- |
| After determining it is necessary to open critical utility delivery systems, (such as ammonia, steam, air, water or chemical). **This permit must be completed for each line break. This permit is valid for one shift only for the date of issue and applies only to the work specified below.** |

|  |  |
| --- | --- |
| Permit Requested By: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Time: |  |

|  |  |
| --- | --- |
| Location: |  |

|  |  |
| --- | --- |
| Work Performed By: |  |

|  |  |
| --- | --- |
| Work To Be Done: |  |

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
| **PERMIT APPROVAL** |

|  |
| --- |
| I CERTIFY THAT ALL CONDITIONS LISTED ON THE REVERSE SIDE OF THIS PERMIT HAVE BEEN CONFIRMED AND I AUTHORIZE WORK. |

|  |  |
| --- | --- |
| Signature: |  |
|  | *Authorized Person* |

|  |
| --- |
| **POST FINAL INSPECTION** |

|  |  |
| --- | --- |
| Comments |  |
| and any |  |
| problems |  |
| encountered |  |

|  |
| --- |
| I CERTIFY THAT THE JOB SITE WAS REINSPECTED AFTER COMPLETING WORK AND NO LEAKS OR ABNORMALITIES WERE FOUND. SYSTEM DOCUMENTATION WILL BE COMPLETED TO INCORPORATE CHANGES AS REQUIRED. |

|  |  |
| --- | --- |
| Signature: |  |
|  | *Authorized Person* |

|  |
| --- |
| **This permit was not designed to apply to all welding and cutting situations. The specific circumstances of each welding and cutting job should be carefully reviewed and appropriate safety precautions may be necessary before work begins and while performing work.** |

|  |
| --- |
| **POST FINAL INSPECTION** |

|  |
| --- |
| THE WORK AREA MUST NOT BE LEFT UNATTENDED AT ANY TIME WITHOUT SECURING OPEN ULTILITY DELIVERY SYSTEM. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Training of personnel with assigned roles.** | | | | | | |
|  | | | | | | |
| All personnel have been trained |  |  | Yes |  |  | No |
|  | | | | | | |
| All personnel have been informed of potential hazards |  |  | Yes |  |  | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Other permits required for this job.** | | | | | | |
|  | | | | | | |
| Hot Work |  |  | Yes |  |  | No |
|  | | | | | | |
| Confined Space |  |  | Yes |  |  | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **3. Line to be opened has been isolated (locked out).** |  |  | Yes |  |  | No |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **4. All energy sources (stored/potential) have been relieved.** |  |  | Yes |  |  | No |
|  |  |  |  |  |  |  |

|  |
| --- |
| **5. Line contains:** |

|  |
| --- |
| **6. Test performed (describe):** |

|  |
| --- |
| **7. Special hazards:** |

|  |
| --- |
| **8. Personal protective equipment required:** |

|  |
| --- |
| **9. Other requirements if needed:** |

| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 9/11/2000 | Safety Director | New Program |
| 2 | 1/15/2001 | Safety Director | Annual Review |
| 3 | 1/10/2002 | Safety Director | Annual Review |
| 4 | 1/11/2003 | Safety Director | Annual Review |
| 5 | 1/15/2004 | Safety Director | Annual Review |
| 6 | 1/10/2005 | Safety Director | Annual Review |
| 7 | 6/27/2006 | Safety Director | Annual Review |
| 8 | 9/6/2007 | Safety Director | Annual Review |
| 9 | 8/23/2010 | Safety Director | Annual Review |
| 10 | 10/3/2012 | Safety Director | Annual Review |
| 11 | 11/10/2012 | Safety Director | Annual Review |
| 12 | 9/25/2013 | Safety Director | Annual Review |
| 13 | 6/30/2016 | Safety Director | Annual Review-Updated and new format |
| 13 | 6/30/2017 | Safety Director | Annual Review |
| 13 | 7/01/2018 | Safety Director | Annual Review |
| 13 | 6/7/2019 | Safety Director | Annual Review |