

Job Name:		Document Control No: (PERMIT-Date-Initials) PERMIT-
Date/Time Permit Requested:	Date/Time Permit Issued:	Date/Time Permit Expires:
General information:		
Location (where work is carried out):		
Description of Work (describe scope of work):		
Workers Involved in Permitted Activity:		
Work Permits Issued:		
Permit Type: _____	IA Name: _____	
Permit Type: _____	IA Name: _____	
Permit Type: _____	IA Name: _____	
Permit Type: _____	IA Name: _____	
SIMOPS or Multi-Crew Activity?:		
<input type="checkbox"/> Yes	Person In Charge:	
<input type="checkbox"/> No	Describe:	
Communication Plan:		
Monitoring Plan (who is responsible for monitoring permitted activity):		
<p>The provisions of this permit have been discussed with all persons listed on this cover sheet and on the permit. A review of the work authorized by this permit and the information contained in this permit, as well as written instructions and safety procedures, have been communicated to all affected personnel. The affected workforce has signed the associated Daily Toolbox Meeting Record confirming acknowledgement.</p> <p>This permit shall be kept at the work site throughout the length of work. Upon completion of the work, the permit shall be kept in the site safety record. This permit shall be regarded as void and must be reissued if:</p> <ul style="list-style-type: none"> • The permit expires. (Permit expiration date and time noted at top of form.) • There is a change or a need for a change in the scope of work. • Conditions change (e.g. severe weather). <p>This permit is not valid unless all appropriate items are completed.</p>		

Permit Cover Sheet

Authorizing Signatures

Self-certification (same person carrying out both the performing authority and issuing authority role)
shall not be done without the area authority's authorization.

I have reviewed the completed permit(s) and, based on my review of the documented conditions with respect to the scope of work and affected equipment, I believe that the equipment involved or affected by this work has been prepared for this scope of work, and that it is appropriate for the work to proceed.

I have reviewed and understand the permit conditions specific to the scope of work. I agree to perform work within these conditions, to stop any work that I deem to be unsafe and to notify the issuing authority upon completion or interruption of this permitted work.

Issuing Authority -- Authorizing Signature:

Performing Authority -- Authorizing Signature:

Cell Phone:

Cell Phone:

Additional Comments or Instructions:

SIMOP Signature

To be filled out if SIMOPS are planned.

PIC Authority: I have reviewed the SIMOPS work plan and, based on my review of the documented conditions with respect to the scope of work and affected equipment, I believe that it is appropriate for the work to proceed.

Name/Signature

Company

Phone Number (cell)

Revalidation of Permit

To be filled out if the work activity is paused and then restarted.

Performing Authority: I confirm that the conditions under which the permit was originally issued remains unchanged, that work is allowed to continue and that the revalidation permit has been reviewed with the work team.

Name/Signature

Company

Date

Time

Monitoring Record

Designated Permit Monitor: I confirm that I have monitored the work carried out under the permit conditions for which the permit was originally issued, that the conditions remain unchanged and that work is allowed to continue.

Name/Signature

Company

Date

Time

Permit Completion

To be signed at the completion of work to close the permit

I have inspected the work site and overseen the removal of controls and the reinstatement of isolations and I confirm that the site has been left in a safe condition.

I have overseen the cleanup of the work site and confirm that the site has been left in a safe condition.

Issuing Authority -- Closing Signature:

Performing Authority -- Closing Signature: