STRIKE GROUP

STRIKE | BD. BOB DALE OILFIELD SERVICES | CANADIAN PLAINS | JEDCO

Safe Work Permit

Strike Job #: _____

Permit #: _____

	Date	Time
Valid From:		
Valid To:		

Date Issued:		**Job Name:**	
Issued by (Name):		**Phone #:**	
Issued to (Name):		**Phone #:**	
Issued to (Co.):			
Work Location:			

DESCRIPTION/SCOPE OF WORK

WORK TYPE(S)

☐ General	☐ Hot Work**	☐ Confined Space*	☐ Ground Disturbance*	☐ Lockout/Tagout*	☐ Critical Lift*	☐ Work at Heights*

*If any of these are checked, a separate documented plan/procedure is required. **Hot Work permit area only.

NOTE: All work performed requires workers to complete a task specific HIAC/FLHA/FLRA/JSA and reassess when hazards/conditions change.

HAZARD IDENTIFICATION, ASSESSMENT & CONTROL (HIAC)

Communication		
☐ Pre-Job/Tailgate Meeting	☐ Hazard Assessment	☐ Radio/Cell Phone/Other
☐ Site-specific Orientation for All Workers	☐ Strike/Client Orientation for All Workers	☐ SDS Reviewed
☐ SWP/SJP/SOP Reviewed:	☐ Other:	☐ Other:
Emergency Preparedness		
☐ ERP in Place/Reviewed	☐ Fire Extinguisher(s)	☐ Spill Prevention/Control/Response
☐ Emergency Alarm (e.g. Air Horn)	☐ Muster Point(s):	☐ Other:
Isolation / Zero Energy		
☐ Equipment Out of Service	☐ Equipment Logged/Tagged Out	☐ Group LOTO Required
☐ Electrical Lock Out	☐ Blinds/Blanks in Place	☐ Isolation Valves Closed, Tagged
☐ Double Block/Bleed	☐ Vessel/Lines Depressurized/Drained	☐ Vessel/Line Vents Drained/Opened
☐ Vessel/Lines Ventilated/Purged	☐ Other:	☐ Other:
Safety Controls / Equipment		
☐ Noise Managed	☐ Intrinsically Safe Devices Only	☐ Cell Phones in Lunchroom/Vehicles Only
☐ Housekeeping	☐ Waste Management	☐ Overhead Powerlines/Goal Posts
☐ Hydrovac	☐ Planned Lift/Critical Lift	☐ Underground Lines/Locates Completed
☐ Scaffolding	☐ Lightning (30/30 Rule)	☐ Bonding/Grounding
☐ Fire Blanket	☐ Excavation Inspected (walls, spoil pile, etc.)	☐ Weather Effects (cold, heat, wind, snow, fog)
☐ Positive Air Shut Offs	☐ Mobile Equipment with Competent Operators	☐ Other:
PPE		
☐ Strike Minimum Requirements*	☐ Fire-Retardant Clothing	☐ Personal Gas Monitors-calibrated, bump tested
☐ Face Shield	☐ Hearing Protection	☐ Respirator – Type:
☐ SCBA/SABA	☐ Harness/Lanyard/SRL	☐ Arc Flash Protection
☐ Footwear Traction Aids	☐ Other:	☐ Other:
* Hard Hat, Safety Glasses, Task-Appropriate Gloves, Long Sleeves/Pants, Steel-Toed Footwear (min. 6" height)		
Additional Procedures		
☐ Atmospheric Testing/Monitoring	☐ Fire Watch	☐ Pressure Testing
☐ Signaler/Spotter	☐ Area Roped Off & Warning Signs	☐ Abrasive Blasting
☐ Working in Cold/Heat	☐ Chainsaw	☐ Asbestos
☐ Benzene	☐ NORM's	☐ Hydrotesting
☐ Cold Cutting	☐ Pump Jacks	☐ Hot Tapping
☐ Building Entry Procedure	☐ Arc Flash/High Voltage	☐ Other:

ATMOSPHERIC (GAS) TESTING & RESULTS Continuous Monitoring Required ☐ Yes ☐ No

TEST	READING	TIME	NAME	READING	TIME	NAME	READING	TIME	NAME
% O_2 ☐									
% LEL ☐									
H_2S ppm ☐									
Other: ☐									

Alberta OH&S Limits: O_2 19.5%-23%; LEL less than 20%; benzene less than 1ppm TWA (8 hours); and H_2S 10ppm TWA (8 hours).

AGREEMENT (Ensure you read, review and understand hazards and controls prior to signing)

This agreement is valid only so long as work conditions existing at the same time of its issuance continue and expires upon occurrence of any significant hazardous condition, drastic operating change or environmental conditions. Any worker will have the right to stop the job if there are reasonable grounds to believe that the job is, or likely to become, unsafe. If a worker refuses work, work shall not resume until the permit is renewed and a hazard report is completed. The contractor agrees to abide by all provincial, federal, and local laws and regulations governing the work contemplated by this agreement and warrants that their employees and subcontractors are competent to undertake the specified work and will comply with applicable legislation. The worksite has been inspected and it is safe to commence the planned work. By signing, the Permit Issuer verifies that they understand the work scope, have communicated the hazards and controls, and that a hazard assessment is required, to the receiver through this permit. By signing, the Permit Receiver confirms that they understand the scope of work and if it changes, the work permit must be reissued. Receiver also confirms that each affected worker will participate in hazard assessment(s), and that a copy of this permit is made readily available on the worksite, and that it is returned when the work is complete, or the permit expires.

Print Name	Title	Phone Number	Signature	Time
Permit Issuer:				
Permit Receiver:				
Client Representative:				

PERMIT EXTENSION

Issue Date:	Time:	Valid Until:	Reason for Extension:	Initials:

PERMIT CLOSE OUT **(Permit receiver must communicate job completion by returning this permit or contacting the permit issuer.)**

Work Task Completed	Yes ☐ No ☐	Contractor Lock(s)/Tag(s) Removed	Yes ☐ No ☐ N/A ☐
Area Cleaned/Safe	Yes ☐ No ☐	Other:	Yes ☐ No ☐ N/A ☐
Receiver Signature:		Date:	Time:
Permit Issuer Signature:		Date:	Time: