

APPENDIX P - CITY OF WINNIPEG PERMIT FORMS



ENTRY PERMIT FOR CONFINED SPACES

NOTE: THIS FORM MUST BE COMPLETED BEFORE ANYONE IS PERMITTED ENTRY TO A CONFINED AREA.

1. DATE OF INSPECTION _____ 2. TIME VALID FOR _____
3. LOCATION _____
4. PERSON(S) ENTERING CONFINED AREA _____
5. REASON FOR ENTRY _____
6. BARRICADE IN PLACE _____
7. LOTO IN PLACE IF REQUIRED YES NO NA
8. AREA TESTED FOR EXPLOSIVE GASES BEFORE COVER REMOVED? YES NO
9. AREA RETESTED AFTER COVER REMOVED? YES NO RESULTS _____ / _____ / _____
10. AREA TESTED FOR EXPLOSIVE GASES? YES NO RESULTS _____ / _____ / _____
11. AREA TESTED FOR OXYGEN? YES NO RESULTS _____ / _____ / _____
12. AREA TESTED FOR CARBON MONOXIDE YES NO RESULTS _____ / _____ / _____
13. AREA TESTED FOR HYDROGEN SULFIDE? YES NO RESULTS _____ / _____ / _____
14. SAFETY HARNESS CHECKED AND WORN? YES NO PASS/FAIL _____
See Appendix I - Over
15. SAFETY LINES CHECKED AND ATTACHED? YES NO PASS/FAIL _____
16. WINCH/HOIST CHECKED AND IN PLACE? YES NO PASS/FAIL _____
17. SAFE WORK PROCEDURE REVIEWED AND ONSITE YES NO IF NO, WHY _____
18. EMERGENCY STANDBY AND EQUIPMENT IN PLACE YES NO IF NO, WHY _____
19. BREATHING APPARATUS CHECKED AND READY FOR USE? YES NO RESULTS _____
20. IS BREATHING APPARATUS BEING WORN? YES NO TYPE _____
21. IS AREA BEING FORCE VENTILATED? YES NO IF NO, WHY _____
22. CONSTANT AIR MONITOR CHECKED? YES NO MONITOR BEING WORN? YES NO
23. FIRST AID KIT CHECKED? YES NO RESULTS _____
24. IS AREA SAFE FOR ENTRY? YES NO IF NO, CORRECTIVE ACTION TAKEN _____

TEST CONDUCTED BY: _____

INITIALS OF PERSON (S) ENTERING CONFINED AREA _____

DOCUMENT AND REVIEW RESCUE PLAN WITH ALL EMPLOYEES INVOLVED IN ENTRY:

HAS A RESCUE PRACTICE BEEN COMPLETED? YES NO

7 Point Harness Inspection - Appendix I

Visual and Touch Inspection

Stitching	Pulled, cut or missing stitches
Buckles	Broken/distorted, Cracks or breaks, Rust or corrosion,
D-ring - back	Broken/distorted, Cracks or breaks, Rust or corrosion
D-ring - front	Broken/distorted, Cracks or breaks, Rust or corrosion
Leg strap	Cuts, nicks or tears, broken fibers/cracks, fraying, abrasion, marked w/permanent marker, undue stretching, Modification by users (i.e., additional holes), Broken/distorted, missing grommets
Shoulder strap	Cuts, nicks or tears, broken fibers/cracks, fraying, abrasion, undue stretching, marked w/permanent marker
Keepers	Broken/distorted, Cracks or breaks



CONFINED SPACE PERMIT SIGN-IN/SIGN-OUT SHEET

(Attach to the Confined Space Permit)

The purpose of this form is to provide a standardized method for maintaining an accurate, real time tracking of entrants in a confined space.

Signature	Name (Printed)	Date	Time In	Time Out

Note: Please return completed form to Senior Operator

AIR MONITORING RECORD

Acceptable conditions —▶	Oxygen 19.5% ≤ O ≤ 23.5%	Flammability < 10% LEL	Carbon Monoxide CO < 35 ppm	Hydrogen Sulfide H ₂ S < 10 ppm	Other (specify) < PEL	Other (specify) < PEL
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PRE-ENTRY						
Person:						
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WORK COMPLETION

Return space to original condition
 Submit form to supervisor

Close out time _____

Close out date _____

Lead worker or entry supervisor signature _____

COMMENTS

▶ Please let us know if you had any problems with this procedure or equipment, or if you have any suggestions.



Hot Work Permit

Project:

Building:

**Staff Member or Contractor
Performing the Work**

Date

WO #

Contract Administrator

Scope of Work

**Specific Work
Location**

Work Date & Times (Permit valid for duration of work only)

Permit must be re-issued if any working conditions change (ie: change of shift, new hazard identified, etc.)

Emergency Response Procedures

Emergency Phone Number – 911 Nearest hospital: _____

Identify first aiders: _____

Fire extinguisher on site: Yes Location: _____

Emergency Contacts: _____

Hazard identification (check all). If applicable, identify hazard reduction strategy.

Fumes/Smoke _____

Protect Adjacent Surfaces _____

Fire Alarm Shutdown yes no

Electrical Coordination: _____

Fire Watch yes no Conducted by: _____

Combustibles/Flammable products within hot zone _____

Electrical Hazards yes no _____

Asbestos yes no _____

Working at heights yes no _____

Protect Public and Other Workers _____

Other: _____

Prior to Start of Work:

- 1) Fax permit to Contract Administrator by noon on the day before the work
- 2) City staff: Fax permit to your Supervisor
- 3) Original permit must be posted at the work area for the duration of the work.

Emergency Repairs:

- 1) Permit is filled out on site and posted in work area.
- 2) Fax permit to Safety Branch when work is complete (986-3860).

After work is complete: Forward original permit to the Contract Administrator (City staff, forward to your Supervisor)

Final Review Before Starting Work (check all) - Contractors and City Staff

- Scope of work discussed.
- Contractor's person in charge has been identified.
- Adequate ventilation is implemented
- All hazards identified and appropriate safe work procedures implemented.
- PPE selected to mitigate the hazard(s).
- All required safety gear in on-site.
- All required tools and equipment on-site
- All required documentation is on-site (Permit, safe work procedure, MSDS, manuals, prints etc)

Contractors

Contractors are responsible for their own personal protection equipment, staff training, ventilation, tools and equipment and protecting existing property, other workers, building staff and the general public from any hazards related to the Work. Contractors must fill out the permit, perform the work and send completed copies to the Contract Administrator,

Project Contacts (please print)

Contract administrator: _____ Phone #: _____

Contractor site supervisor: _____ Phone #: _____

Sign-off

Contractor's person in charge is satisfied all safe-work conditions have been met.

Name: _____

Signature: _____

WWTP LOTO Appendix 2 Procedure for Specific Equipment Form

Use a copy of this form to identify all isolation/lockout points for existing and new equipment. Use this information to create LOTO procedures. Post this lockout procedure or have it readily available for the authorized individuals to review and use.

Date:	Person Completing Form (print):	WO #		
Equipment Name:		Tag ID:		
Drawing / P&ID Number:				
Equipment Location:				
Is the equipment remotely or locally controlled? (Circle)		Remote	Local	
If remote, then be sure to identify all isolation points at MCC or similar systems and the following information:				
Who is to be informed?	Who turns off the equipment?	Is person required also to lock out equipment?	Control in place to prevent startup	
			Yes No	
Describe how to turn off equipment:				
Use the following codes to identify the energy source: NP – Non Potable Water; PW – Potable Water; EL – Electrical, HW – Hot Water; PN – Pneumatic; HD – Hydraulic; HC – Hazardous Chemical; BH – Bio-Hazardous;				
Energy Source	Isolation Point (TAG)	Location of Control Point	Crew	Initials
Describe how to remove or prevent residual energy from occurring:				
Describe test to confirm equipment will not start:				
Signature of Authorized Employee: _____				