## Please make a copy of this

Work Permit

**Permit No:** [Permit Number]

**Date Issued:** [Date]

**Time Issued:** [Time]

**Valid Until:** [Date and Time]

**Location of Work:** [Detailed location of work]

**Description of Work:** [Detailed description of the work to be performed]

**Type of Permit** (Check all that apply):

* Hot Work
* Cold Work
* Confined Space Entry
* Electrical Work
* Excavation
* Radiation Work
* Working at Heights
* Lifting Operations

**Issuing Authority:** [Name of Issuing Authority]

**Performing Authority:** [Name of Performing Authority]

**Hazard Identification:**

* [Hazard 1]
* [Hazard 2]
* [Hazard 3]
* [Add other hazards as necessary]

**Control Measures:**

* [Control Measure for Hazard 1]
* [Control Measure for Hazard 2]
* [Control Measure for Hazard 3]
* [Add other control measures as necessary]

**Required Personal Protective Equipment (PPE):**

* [PPE 1]
* [PPE 2]
* [PPE 3]
* [Add other required PPE as necessary]

**Emergency Procedures:**

* [Emergency Procedure 1]
* [Emergency Procedure 2]
* [Add other emergency procedures as necessary]

**Permit Authorization:**

I have reviewed and understand the work to be performed, the associated hazards, and the required control measures. I authorize the work to proceed.

Issuing Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Performing Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit Completion and Closure:**

I confirm that the work has been completed, all tools and equipment have been removed, and the area is left in a safe condition.

Performing Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_