

Caltex Energy Inc.
Hot Safe Work Permit

Date: _____

Permit No.: _____

Contracting Company: _____ Time Work Started: _____ (24 hr. clock)

Location(s): _____

Type of Operation: Production Construction Environmental Other:

Indicate Type of Work: _____ Hot Work _____ Welding _____ Confined Space entry
 _____ Ground Disturbance _____ Other (specify)

Purpose / Description of Work: _____

Description of Hazard: Special Instructions: _____

Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

SECTION A: Complete this section only if no equipment preparation is required. Yes No N/A Comments

1. Has the work area been examined and reasonable precaution taken to ensure that no potential hazards exist and that no other work in the area could create a hazard while the job is in progress?				
2. Have wind, atmospheric, and work area conditions (e.g. cold, hot, snow, poor lighting) been considered throughout the job so that work can be done safely?				
3. Have all underground and overhead power lines, pipelines, or other hazards been located and staked? Have the proper signs been put in place? Has the Ground Disturbance SOP been reviewed?				
4. Are lanyards and safety harness available for heights over 2.6m?				
5. Are motor vehicles permitted in the work area? Do engines require positive air shut offs? (Required for diesel engines)				
6. Do safe work procedures (SOP) exist for the job? Have they been discussed with the contractor?				
7. Is special safety equipment or personal protective equipment required? _____ Breathing Apparatus: _____ Self Contained _____ Supplied Air _____ Air Purifying Respirator _____ Goggles / Face Shield Safety Glasses _____ Hard Hat/ Gloves _____ Hearing Protection _____ Personal Monitors (LEL / H ₂ S) _____ FR Clothing _____ Steel Toed Footwear _____ Safety Harness / Lifeline _____ Ventilation Devices _____ Continuous Monitoring				
8. Have all WHMIS and TDG requirements been met? Attach list of all MSDS sheets if required.				
9. Do workers have current required safety training (e.g. WHMIS, TDG, H ₂ S, First Aid, Ground Disturbance etc?)				
10. Have Working Alone considerations been taken into account?				
11. Has a Pre-Job Safety Meeting been held? Attach minutes to this copy.				
12. How many workers does the permit cover? (List names on the Pre-Job Safety Meeting Report).				
13. Has a review of emergency procedures been conducted? (ERP)				
14. Does the Contractor have a safety program that meets industry and government requirements?				
15. If "No" to #14, is the Contractor fully aware of your Safety Program?				
16. Has the Contractor and his workers been safety oriented?				

SECTION B: Complete Section A & B if equipment preparation is required (e.g. Hot Work, Ground Disturbance, Confined Space, etc.).

17. Is rotating or moving equipment either shut off or properly guarded?				
18. Has equipment been properly grounded?				
19. Have all electrical sources been de-energized, locked out and tagged?				
20. Has Cathodic Protection been turned off?				
21. Has any safety equipment been by-passed? List.				
22. Has the equipment been isolated and locks and tags installed? Checked for leaks? Method of isolation: _____ Blinding/Blanketing _____ Double Block and Bleed _____ Blind Flange (capped)				
23. Has the equipment been depressurized /drained?				
24. Has equipment been thoroughly cooled, cleaned, purged, and ventilated? Method of purge: _____ air _____ water _____ steam _____ inert gas				
25. Have all sewers, connections, drains, vents, and manholes, etc. been properly covered and sealed?				
26. Have all combustible or flammable material that may be ignited been removed or isolated?				
27. Have all ignition sources such as flares, pilot lights, engines, static electricity been shut off or precautions taken?				
28. Is all portable electrical equipment explosion proof and Is it used in designated and approved areas?				
29. Are there cell phone and pager restrictions in the work area?				
30. Has safe access and egress from the area been identified and clearly marked?				
31. Is all fire fighting equipment in place and ready for use if required?				
32. Are Ground Disturbance permits attached to Safe Work Permit if required? (one permit per crossing)				
33. What rescue equipment is required? Attach list.				
34. Will there be Confined Space Entry? Attach names and responsibilities of all personnel.				
35. Is there a separate communication protocol for confined space or vessel entry?				
36. Have facility drawings been used to assist in work planning?				

37. Has the atmosphere been tested for Oxygen, LEL % and toxic gases (e.g. H ₂ S) Yes No	Test in the order given	1	2	3	4	
	1. O ₂ %					19.5% - 23%
38. Has detection equipment been calibrated before use: Yes No	2. LEL %					0% Hot Work, 0-10 % Cold
	3. H ₂ S ppm					10ppm, 8 hr. TWA, OEL
	Tester initials					
	Time of test					

39. Additional testing required? Yes No If Yes, How often?

40. Other comments: _____

AGREEMENT: I understand and agree that no work is permitted other than that specified on this permit. I have checked both the permit and the job and I understand the nature and extent of the work and the precautions to be followed in completing the work. I also agree that any other employees or sub-contractors who will, or may work on this job shall have a complete understanding of the conditions of this permit and will also work under the conditions of this permit.

Permit Receiver: Name (print): _____ Signature: _____

APPROVALS: Name of Issuer (print): _____ Signature: _____ Title: _____

Job Complete: Yes No. If no, explain: _____

Time of Completion: (Date): _____ (24 Hr. clock) _____
 White: Site Representative Yellow: Contractor Pink: Leave in Book