

Work permit for flammable goods

This permit is valid for the times indicated below. In the event of an interruption of more than one hour, the work area must be re-inspected. In case of interruptions of more than 8 hours, the permit must be renewed!				Date:	Area:
Activity	From (time)	To (time)	Sign.	Work order number:	
Valid					
Description of work:					
Risks			Protective measures		
<input type="checkbox"/> Gases <input type="checkbox"/> Hot <input type="checkbox"/> Electrical risk <input type="checkbox"/> Mechanical risk <input type="checkbox"/> Rotating equipment <input type="checkbox"/> Corrosive substances <input type="checkbox"/> Combustible substances <input type="checkbox"/> Equipment with pressure <input type="checkbox"/> Risk of contamination of the product	<input type="checkbox"/> Toxic substances <input type="checkbox"/> Skin irritation <input type="checkbox"/> Pinch injury <input type="checkbox"/> Ergonomics <input type="checkbox"/> Buller <input type="checkbox"/> Halka <input type="checkbox"/> Spill <input type="checkbox"/> Base oil <input type="checkbox"/> Inhalable dust	<input type="checkbox"/> In the firing line <input type="checkbox"/> Falling objects <input type="checkbox"/> Fall risk <input type="checkbox"/> Mobile lifting devices <input type="checkbox"/> Lyft <input type="checkbox"/> Working alone with risks <input type="checkbox"/> Other work in progress <input type="checkbox"/> Other:	<input type="checkbox"/> Kem gloves <input type="checkbox"/> Coverall <input type="checkbox"/> Shirt <input type="checkbox"/> Rubber boots <input type="checkbox"/> Face protection <input type="checkbox"/> Outdoor mask <input type="checkbox"/> Filter mask <input type="checkbox"/> Gas meters <input type="checkbox"/> Fall protection equipment <input type="checkbox"/> Rescue equipment <input type="checkbox"/> Blocking <input type="checkbox"/> Other:		
Special work permits required					
<input type="checkbox"/> Hot work <input type="checkbox"/> Confined Spaces <input type="checkbox"/> EX Environment <input type="checkbox"/> Excavation					
Securing of equipment					
<input type="checkbox"/> Shut off valve(s) <input type="checkbox"/> Shielding of equipment <input type="checkbox"/> Mechanical blocking <input type="checkbox"/> Electrical disconnection <input type="checkbox"/> Electrical Separation <input type="checkbox"/> Blocked	<input type="checkbox"/> Drained/ventilated <input type="checkbox"/> Rinsing/washing <input type="checkbox"/> Refrigerated <input type="checkbox"/> Pressureless <input type="checkbox"/> Gas free <input type="checkbox"/> Other:				
Workplace secured by (sign.):					
Workers					
By signing below, I certify that: I have assessed the choice of tools/equipment, I have sufficient competence to do the job, I have assessed the risks of the job and I have assessed the choice of protective equipment					
Name		Name		Name	
Approval of work permits					
Equipment owner/permit holder (coordinator)			Authorised recipient (authorised)		
Signatures					
Closure of work permits					
By signing below, I certify that the work has been done correctly, all safety measures have been reinstalled, and the area has been restored and cleaned.					
Signature of authorising officer			Signature of recipient		