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|---|--|--|---|
| <b>Issued to:</b>   | <b>Time Valid (mm/dd/hr/min)</b>   |  | <b>Suncor Contact:</b>  |
|   | <b>From:</b>   | <b>To:</b>   |   |
| <b>Location of Work:</b> (Area Location/Equipment Number/Hazardous Classification Area) Description of Work to be Performed (Job Steps/Tools)   |  |  |   |
|   |  |  |   |
| <b>Basic Permit Type:</b>   | <input type="checkbox"/> Cold Work   | <input type="checkbox"/> Hot Work  |   |
| <b>Open Flame/Weld/Grind or Hot Work in Location Classified as Hazardous</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA  | <b>Designated Substance/Toxic Material/Hazardous Atmosphere/Mould</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA  | <b>Control of Hazardous Energy/ Line of Fire of Moving Equipment</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA   | <b>Confined Space</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA   |
| <input type="checkbox"/> Spark Watch<br><b>Name:</b><br><br><input type="checkbox"/> Extinguisher/Gas tester trained<br><input type="checkbox"/> Fire Blanket/Spark Containment<br><input type="checkbox"/> Fire Extinguisher<br><input type="checkbox"/> Continuous Gas Testing<br><input type="checkbox"/> Dust Ignition<br><input type="checkbox"/> Area Barricades<br><input type="checkbox"/> Cold Cutting | <input type="checkbox"/> Silica/Refractory Work Type Class<br><br><input type="checkbox"/> Area Barricades/Tape/Signs<br><input type="checkbox"/> Designated Substance Control Plan<br><input type="checkbox"/> SDS<br><input type="checkbox"/> Respiratory Fit Tested<br><input type="checkbox"/> Atmospheric Monitoring<br><input type="checkbox"/> Controls for use/handling of materials | <input type="checkbox"/> Equipment Preparation Procedure/Description<br><input type="checkbox"/> First Break Process<br><input type="checkbox"/> Hazardous Energy Isolation Plan Form<br><input type="checkbox"/> Blind and Blank Installation/Removal List<br><input type="checkbox"/> Isolation completed and reviewed in field with permit receiver | <input type="checkbox"/> Confined Space Assessment<br><input type="checkbox"/> Confined Space Rescue Plan and Rescuers<br><input type="checkbox"/> Confined Space Entry Atmospheric Monitoring Log<br><input type="checkbox"/> Confined Space Attendant and Log<br><input type="checkbox"/> Confined Space Entry Daily – Shift Plan<br><input type="checkbox"/> Confined Space Certification/Respiratory Fit/Working at Heights<br><input type="checkbox"/> Area Barricades/Tape/Signs<br><input type="checkbox"/> Confined Space Pre-entry meeting |
| <b>Working at Heights/Dropped Unsecured Objects at Height</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA   | <b>Lifting or Hoisting/Working Under a Suspended Load</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA  | <b>Excavations</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA   | <b>Electrical Energy/High Voltage</b><br><input type="checkbox"/> Yes <input type="checkbox"/> NA<br><input type="checkbox"/> Consult Qualified Electrician/CSA procedures  |
| <input type="checkbox"/> Fall Arrest Rescue Plan<br><input type="checkbox"/> Area Barricades/Tape<br><input type="checkbox"/> Working at Heights Certification<br><input type="checkbox"/> Anchor Point Identification –<br><b>Document anchor point :</b>  | <input type="checkbox"/> Mobile Crane Lift Classification Criteria<br><input type="checkbox"/> Standard or Serious or Critical Lift Authorization<br><input type="checkbox"/> Area Barricades/Tape/Signs<br><input type="checkbox"/> Overhead Obstructions Marked/Identified   | <input type="checkbox"/> Excavation Checklist<br><input type="checkbox"/> Area Barricades/Tape/Signs<br><input type="checkbox"/> One-call/Locates  |   |
| <b>Hazard Identification and Control:</b> FLHA <input type="checkbox"/> Yes – review/reference <input type="checkbox"/> No – complete below   |  |  |   |
| <b>Energy</b>   | <b>Physical</b>  | <b>Chemical</b>  |   |
| <input type="checkbox"/> Gravity<br><input type="checkbox"/> Pressure<br><input type="checkbox"/> Radiation<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Explosive Release (Dust Explosion)<br><input type="checkbox"/> Mechanical/Pneumatic  | <input type="checkbox"/> Temperature(Heat/Cold)<br><input type="checkbox"/> Mechanical<br><input type="checkbox"/> Motion (line of fire)<br><input type="checkbox"/> Noise (facility and task specific)<br><input type="checkbox"/> Lighting<br><input type="checkbox"/> Obstacles<br><input type="checkbox"/> Corrosion/Erosion<br><input type="checkbox"/> Confined Space                  | <input type="checkbox"/> Toxins<br><input type="checkbox"/> Flammables<br><input type="checkbox"/> Reactives   |   |
| <b>Biological</b>   |  | <b>Human/Other</b>   |   |
| <input type="checkbox"/> Biohazards<br><input type="checkbox"/> Animals/Insects   |  | <input type="checkbox"/> Lifting/Pushing/Pulling<br><input type="checkbox"/> Sitting/Standing<br><input type="checkbox"/> Lighting<br><input type="checkbox"/> Slips/Trips/Falls   |   |
| <b>Describe Controls to be Implemented to address potential hazards identified above (If FLHA Card or FLHA reference)</b>   |  |  |   |
|   |  |  |   |
| <input type="checkbox"/> Field Review/Inspection <input type="checkbox"/> Radio Issued <input type="checkbox"/> Emergency Assembly Area Identified <input type="checkbox"/> Permit Receiver aware of head count process   |  |  |   |

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| <b>Equipment Preparation/Condition – Equipment included in/affected by</b> <input type="checkbox"/> No – move to next section <input type="checkbox"/> Yes – Complete Below  |  |  |   |  |   |
| Equipment is   | <input type="checkbox"/> In service<br><input type="checkbox"/> Out of service   | <input type="checkbox"/> Air purged<br><input type="checkbox"/> Ventilated                                   | <input type="checkbox"/> Water Washed<br><input type="checkbox"/> Cleaned | <input type="checkbox"/> Heat traced<br><input type="checkbox"/> Contains residual material              |   |
| Equipment is   | <input type="checkbox"/> Full<br><input type="checkbox"/> Drained                | <input type="checkbox"/> Isolated from Process<br><input type="checkbox"/> Electrically isolated             |   | <input type="checkbox"/> Not isolated from process<br><input type="checkbox"/> Not electrically isolated |   |
|  | <input type="checkbox"/> Depressured   | <input type="checkbox"/> Isolated per hazardous energy control plan  |   |  |   |
| <b>Energy Isolation</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes –see below (note isolation points of two or less may be recorded on permit. >2 – use HEIP form)  |  |  |   |  |   |
| <b>Device and Location</b>   | <b>Isolated Position</b>   | <b>Lock Identifier</b>   | <b>Isolated by (name)</b>   | <b>Date and Time</b>   | <b>Initial</b>                                    |
|  |  |  |   |  |   |
| <b>Personal Protective Equipment (Check all that apply) - Above Mandatory Minimum Requirements. Consult EHS as required</b>  |  |  |   |  |   |
| <input type="checkbox"/> Respiratory   | <input type="checkbox"/> Half-Face APR   | <input type="checkbox"/> Full-Face APR   | <input type="checkbox"/> PAPR   | <input type="checkbox"/> SABA or <input type="checkbox"/> SCBA<br>IDLH/LEL/CO2/O2/unknown                |   |
| <input type="checkbox"/> Cartridge (APR only)  | <input type="checkbox"/> P100  | <input type="checkbox"/> P100/Organic Vapour   |   | <input type="checkbox"/> Organic Vapour<br><input type="checkbox"/> Other (specify)                      |   |
| <input type="checkbox"/> Eye/Face Protection   | <input type="checkbox"/> Goggles   | <input type="checkbox"/> Chemical Goggles  |   | <input type="checkbox"/> Faceshield<br><input type="checkbox"/> Welding Shield/Helmet/Hood               |   |
| <input type="checkbox"/> Hand Protection   | <input type="checkbox"/> Leather/Kevalar<br><input type="checkbox"/> Leather     | <input type="checkbox"/> Nitrile<br><input type="checkbox"/> Acrylic/Nylon                                   | <input type="checkbox"/> Combination Gloves (Nitrile/Kevalar)             |  | <input type="checkbox"/> Polyvinyl Chloride (PVC) |
| <input type="checkbox"/> Protective Clothing   | <input type="checkbox"/> FR Paper Coveralls                                      | <input type="checkbox"/> Acid/Caustic Resistant Jacket   | <input type="checkbox"/> Acid/Caustic Resistant Pants                     |  | <input type="checkbox"/> Rubber Boots             |
| <input type="checkbox"/> Fall Protection   | <input type="checkbox"/> Body Harness  | <input type="checkbox"/> Self-retracting (SRL) or fixed lanyard  | <input type="checkbox"/> Rescue Device                                    |  | <input type="checkbox"/> horizontal life line     |
| <input type="checkbox"/> Hearing Protection  | <input type="checkbox"/> Single  | <input type="checkbox"/> Double  | <input type="checkbox"/> Administrative Time Limit                        |  |   |
| <input type="checkbox"/> Electrical PPE  | <input type="checkbox"/> Coat: Cal Rated for Voltage                             | <input type="checkbox"/> Helmet and Face Shield  | <input type="checkbox"/> Electrical Gloves (Rated for Voltage)            |  | <input type="checkbox"/> Mat                      |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Personal Gas Tester                                     | <input type="checkbox"/> Lanyard   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |
| <b>Atmospheric Monitoring</b> <input type="checkbox"/> N/A   |  |  | <input type="checkbox"/> Continuous                                       | <input type="checkbox"/> Periodic – if yes, frequency: /min  |   |
| Monitor #  | Bump Checked By:   | Last Calibrated:   |   |  |   |
| <b>Initial Gas Test Results - Operations</b>   |  |  |   |  |   |
| O2 (19.5-23)   | LEL  | CO2  | CO  | H2S  | VOC (PID)      Date/Time                          |
|  |  |  |   |  |   |
|  |  |  |   |  |   |
| <b>Reference:</b> LEL 0% in locations classified as hazardous, up to 5% in all other locations: Carbon Dioxide (CO2) TWA 0.5%, STEL 3%, IDLH 4%; Carbon Monoxide TWA 25ppm, STEL 75ppm, IDLH 1200 ppm: Hydrogen Sulphide (TWA 10 ppm, STEL 15ppm, IDLH 100ppm: VOC, Highest TWA 20ppm, (based on toluene), lowest TWA 0.5 ppm, STEL 2.5ppm benzene– respiratory protection must be reviewed for VOC >0.5ppm.   |  |  |   |  |   |
| <b>Permit Agreement:</b> I have read this permit and any associated documentation in its entirety and understand that no work is permitted other than what is described on the permit. I understand work scope, hazards and associated controls that must be put in place to ensure that the work is completed safely - and that if the scope of work or conditions change, I must stop work subject to this permit and review any changes with the permit issuer prior to resuming work. I agree that any workers who may work on this job shall have a complete understanding of the conditions of the permit and will work under these conditions at all times. |  |  |   |  |   |
| <b>Permit Issuer (Print Name)</b>  |  | <b>Signature</b>   |   | <b>Date and Time</b>   |   |
|  |  |  |   |  |   |
| <b>Permit Receiver(s) (Print Name)</b>   |  | <b>Signature</b>   |   | <b>Date and Time</b>   |   |
|  |  |  |   |  |   |
| <b>Permit Re-issue Valid Until (Date/Time)</b>   |  |  |   | Permit Re-issuer Print and Sign  |   |
| <b>Permit Re-issue Valid Until (Date/Time)</b>   |  |  |   | Permit Re-issuer Print and Sign  |   |
| <b>Permit Sign Off:</b>  | <b>Job Complete?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Job Site Inspection and Clean-up Complete</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>Permit Receiver:</b>  | Print and Sign                                    |
|  |  |  |   | <b>Permit Issuer:</b>  | Print and Sign                                    |