

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

Equipment Preparation/Condition –Equipment included in/affected by <input type="checkbox"/> No – move to next section <input type="checkbox"/> Yes – Complete Below							
Equipment is	<input type="checkbox"/> In service	<input type="checkbox"/> Air purged	<input type="checkbox"/> Water Washed	<input type="checkbox"/> Heat traced			
	<input type="checkbox"/> Out of service	<input type="checkbox"/> Ventilated	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Contains residual material			
	<input type="checkbox"/> Full	<input type="checkbox"/> Isolated from Process		<input type="checkbox"/> Not isolated from process			
	<input type="checkbox"/> Drained	<input type="checkbox"/> Electrically isolated		<input type="checkbox"/> Not electrically isolated			
	<input type="checkbox"/> Depressured	<input type="checkbox"/> Isolated per hazardous energy control plan					
Energy Isolation : Note isolation points of two or less may be recorded on permit. >2 – use HEIP form							
Device and Location	Isolated Position	Lock Identifier	Isolated by (name)	Date and Time	Initial	Worker Lock & Initial	
Personal Protective Equipment (Check all that apply) - Above Mandatory Minimum Requirements. Consult EHS as required							
<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 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		<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Eye/Face Protection	<input type="checkbox"/> Goggles	<input type="checkbox"/> Chemical Goggles		<input type="checkbox"/> Faceshield		<input type="checkbox"/> Welding Shield/Helmet/Hood	
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Leather/Kevalar <input type="checkbox"/> Leather	<input type="checkbox"/> Nitrile <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"/>		
Atmospheric Monitoring <input type="checkbox"/> N/A			<input type="checkbox"/> Continuous	<input type="checkbox"/> Periodic – if yes, frequency: /min			
Monitor #	Bump Checked By:						
Initial Gas Test Results - Operations							
O2 (19.5-23)	LEL	CO2	CO	H2S	VOC (PID)	Date/Time	
Reference: 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.							
Permit Agreement: 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.							
Permit Issuer (Print Name)			Signature			Date and Time	
Permit Re-issue Valid: Date and Time			Permit Issuer Print Name			Permit Issuer Print and Sign	
Permit Re-issue Valid: Date and Time			Permit Issuer Print Name			Permit Issuer Print and Sign	
Permit Receiver(s) (Print Name)			Signature			Date and Time	Time off
Permit Sign Off:	Job Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Site Inspection and Clean-up Complete <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Receiver:		Sign	
						Sign	