|  |  |  |
| --- | --- | --- |
| **Work Requestor:** | **Phone Number:** | **Organization:** |
| **Alternate Contact:**  | **Phone Number:** | * **Permit-planned Work**
* **Prescribed Work**
 |
| **Work Location:****Building:** | **Room:** | **Other:** |
| **Equipment:** | **Service Provider:** |
| **Nature of Work:** | **Anticipated Work Time(s):**\_\_\_\_\_During Business Hours (6 am – 8 pm)\_\_\_\_\_After Business Hours (8 pm – 6 am)\_\_\_\_\_On weekends/holidays**Time/Coordination Constraints:** |
| **Reason for Work:** |
| **Contractor to Perform Work:** | **Contractor:**□ **Worker Safety and Health Plan is current and has been approved** |
| **Work Plan** (procedures, timing, equipment, and personnel availability need to be addressed; use attachment for detailed plans) Specify: |
| **Planned Work Controls**Hazard control methods must use the following hierarchy: 1) elimination or substitution; 2) engineering controls; 3) administrative controls; 4) personal protective equipment. |
| **Part A: Environment, Safety, and Health Hazards** |
| Identified Hazard | Check which apply | Specific control methods |
| □ Adding/removing walls or roof, ceiling, or floors | □ Engineering review□ IH review□ Barricades□ Posting/Warning Signs |  |
| □ Asbestos   | □ Asbestos awareness training□ Asbestos O&M training□ Asbestos permit□ IH review□ Barricades□ Posting/Warning Signs□ Supplemental Exhaust ventilation |  |
| □ Biohazards | □ IH review□ Special Disposal |  |
| □ Chemicals/ corrosives | □ MSDSs reviewed□ Chemical substitution□ IH review |  |
| □ Chemical storage or disposal  | □ IH review□ Barriers/Spill protection□ Posting/Warning Signs□ Supplemental Exhaust ventilation |  |
| □ Confined space  | □ Confined Space Permit□ IH review□ Back-up person/Watch□ Posting/Warning Signs□ Supplemental Ventilation |  |
| □ Digging/core drilling | □ Engineering review□ Back-up person/Watch□ Barricades□ Posting/Warning Signs |  |
| □ Electrical work  | □ Lock-out/Tag-out equipment □ Lock-out/Tag-out electrical lines |  |
| □ Elevated work  | □ Fall protection□ Scaffolding□ Barricades/Barriers□ Posting/Warning Signs |  |
| □ Excavation  | □ Engineering review□ Barricades□ Posting/Warning Signs |  |
| □ Explosives  | **Special permission required**□ Back-up person/Watch□ Barricades□ Posting/Warning Signs |  |
| □ Fumes/mist/dust  | □ IH review□ Supplemental Exhaust ventilation |  |
| □ Heat/cold stress | □ IH review□ Hydration |  |
| □ Hydraulic fluids   |  |  |
| □ Lead  | □ IH review□ Barriers□ Posting/Warning Signs |  |
| □ Material handling  | □ Back-up person/Watch□ Barricades□ Posting/Warning Signs |  |
| □ Molds/Bacteria  | □ IH review□ Barriers□ Posting/Warning Signs□ Supplemental Exhaust ventilation |  |
| □ Noise  | □ IH review□ Barriers□ Posting/Warning Signs |  |
| □ Plants/Animals  | □ Barriers |  |
| □ PCB  | □ IH review |  |
| □ Pressurized Systems  | □ Engineering review |  |
| □ Radiation  | □ Radiation permit□ IH review□ Barricades□ Posting/Warning Signs |  |
| □ Removing/ penetrating walls or doors | □ Barricades□ Posting/Warning Signs |  |
| □ Rigging  | □ Back-up person/Watch□ Barricades□ Posting/Warning Signs |  |
| □ Soil Activation/ Contamination  | □ IH review□ Pre- & post-sampling  |  |
| □ Spill Potential  | □ Barriers/Barricades□ Clean-up supplies |  |
| □ Threatened or Endangered Species/Wetland Areas  | □ Federal/state/county permit |  |
| □ Vehicular Traffic  | □ State/county permit□ Back-up person/Watch□ Barricades□ Posting/Warning Signs |  |
| □ Welding  | □ Burn permit□ Back-up person/Watch |  |
| □ Other (Specify) |  |
| **Part B: Complexity Level** |
| □ Shutting down two or more systems.  |  |
| □ Isolating the work area. |  |
| □ Five or more major tasks/activities. |  |
| □ Steps that need to occur in sequential order.  |  |
| □ Rapidly changing conditions. |  |
| □ Infrequently done or first time activity. |  |
| □ Equipment used outside of normal operating range. |  |
| □ New or inexperienced staff  |  |
| □ New or specialized equipment. |  |
| □ Could cause major system downtime. |  |
| □ Could cause adverse public reaction. |  |
| □ Interruption of utilities |  |
| □ Unknowns  |  |
| **Part C: Coordination Level** |
| □ Performed by a non-MA contractor |  |
| □ Notification to a regulatory agency |  |
| □ Coordination between two or more support or operational organizations |  |
| □ Inactivation of the fire alarm/fire suppression system | **Outage request required** |
| □ Special permission or escorts required |  |
| □ Impacts two or more Program Offices |  |
| □ Sequential, simultaneous, or coordinated work |  |
| **Additional Protections and Controls** |
| **Part D: Elimination/Substitution of Hazards** | **Part E: Engineering Controls** |
|  Specify: | Specify: |
| **Part F: Work Practices** | **Part G: Personal Protective Equipment** |
| Specify: | Specify: |
| **Part H: Training** | **Part I: Special Working Conditions** |
| Specify: | Specify: |
| **Part J: Emergency Procedures** | **Part K: Other Required Permits** |
| □ Spill containment/control□ Chemical release□ Sudden pressure release□ Sudden weather change□ Fire□ Medical emergency/Injury□ Other | Specify:□ Radiation □ Confined space□ Digging/utility □ Lock-out/Tag-out □ Hot work  |
| **Walk-through and Approvals** |
| **Part L: Post-work Requirements** | **Part M: Plan Walk-down/Meeting** |
| □ As-built drawings□ Verification of cable removal□ Verification of labeling□ Verification that signal and power cables are separated□ Verification of proper labeling/color coding□ Other |  Date/Time of meeting:Attendees: |
| **Part N: Authorizations for Permitted Work** *(Signature & Date required. Signature means that the safety, health and environmental hazards have been identified, appropriate procedures are in place to control the hazards, appropriate coordination has been made, and the individual is satisfied that work may proceed in accordance with these procedures.)* |
| **Title** | **Name (Print)** | **Signature** | **Date** |
| Requestor  |  |  |  |
| Program Office COR |  |  |  |
| Job Supervisor |  |  |  |
| Building Manager |  |  |  |
| HQ Safety and Health |  |  |  |
| Other: |  |  |  |
| Review completed | □ In Series□ As a team |  Date Authorized to Start: | Date Permit Expires: |
| **Pre-Work Briefing** |
| **Part O: Contractor Personnel performing the work acknowledges that they have read and understand the plan, hazards, and controls outlined in the plan** *(Signature below indicates that individuals have read and understand the hazards, work controls, coordination, complexity, and permit requirements. Additional sheets may be used, if needed.)* |
| Supervisor Name: | Signature: |
| Worker Name: | Signature: |
| Worker Name: | Signature: |
| Worker Name: | Signature: |
| Worker Name: | Signature: |
| Worker Name: | Signature: |
| **Part P: Authorization of Work to Proceed** (permit has been reviewed, work controls are in place, site and workers are ready) |
| Work Requestor Signature: | Date/Time: |
| **Part Q: Problems/Concerns** (document any concerns that are raised and what was done to correct them; including work stoppage) |
| Specify problem/concern/condition: | Specify remedy: |
| **Post-Work Close-out** |
| **Part R: Work Close-Out** |
| Date/time Job Completed: |  |
| Contractor Personnel Feedback (use additional sheets if necessary) |
| Verification of Conditions□ Work quality is acceptable□ Work area/equipment is left in good, working condition□ As-built drawings updated and provided to Bldg Mgr.□ Verification of cable removal□ Manuals/instructions are submitted and provided to Bldg. Mgr.□ Verification that signal and power cables are separated□ Verification of proper labeling/color coding□ Other | Work Requestor Signature & Date: |
|  |
| Comments: |
| *Submit completed form to the Building Manager, unless information on or attached to the form must be protected as classified.* |