

This Permit may only be issued by **Facilities Management or Loss Control** and is mandatory for all work listed in block 2

# Contractor Control Document



<b>1) Permit Issued:</b>	<b>2) Permit for</b>	<b>3) Permit Expires:</b>
Date: _____ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM _____	<input type="checkbox"/> Work from Height <input type="checkbox"/> Hot work <input type="checkbox"/> Fire Impairment <input type="checkbox"/> Live Electrical <input type="checkbox"/> Confined Space* (*contractor supplies permit)	Date _____ AM <input type="checkbox"/> Time _____ PM <input type="checkbox"/>

**4) Contractor (To be completed if Permit Receiver is a Contractor) N/A**

Name	Main Telephone Number:	Emergency Number:	
Street Address	City	State	Zip Code

**5) Work Location**

Campus Location \_\_\_\_\_

Description of Work Location (Building number, room number) \_\_\_\_\_

**6) The Work**

Inspection/Test <input type="checkbox"/>	Service/Installation <input type="checkbox"/>	Maintenance/Repair <input type="checkbox"/>	Construction/Renovation <input type="checkbox"/>
Welding & Cutting <input type="checkbox"/>	Fire Safety System <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Electrical/Telecom <input type="checkbox"/>
Process Equipment <input type="checkbox"/>	Office Furniture & Equipment <input type="checkbox"/>	Cleaning/Janitorial <input type="checkbox"/>	Other ( <i>specify</i> ) <input type="checkbox"/>

Description of the work: \_\_\_\_\_

7) Safe Work Checklist	Yes	N/A	Comments
Work location marked & access restricted?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety warnings posted if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout procedures used if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
Work Location Ventilated? <input type="checkbox"/> Mechanical <input type="checkbox"/> Atmosphere <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Protection Measures In Place?	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection equipment used if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
Other personal protective equipment & devices required?	<input type="checkbox"/>	<input type="checkbox"/>	
Pre work site evaluation done?	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>8) Permit Issuer</b> <i>Post Original Safe Work Permit in Work Location</i></p> <p>Name: _____</p> <p>Department: _____</p> <p>Date (dd-mm-yy) _____ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM</p>	<p><b>9) Permit Receiver (Permit Receiver to Complete)</b> <i>Retain Photocopy of Safe Work Permit</i></p> <p>Name: _____</p> <p>Cellular or Emergency No. _____</p> <p>Signature _____</p> <p>Date (dd-mm-yy) _____</p>
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By signing, the Permit Receiver hereby acknowledges that the hazards have been reviewed and are known and understood by the Permit Receiver, that the hazards and requirements under this permit and of the applicable occupational health and safety legislation have been reviewed with and communicated to workers, and that requirements under this permit constitute the minimum requirements and the Permit Receiver will comply with the requirements of this permit and the occupational health and safety legislation, whichever is stricter.

<b>10) Work Completed</b> (Permit Receiver to Complete)	<b>11) Work Checklist</b> (Permit Receiver to Complete)	<b>12) Permit Cleared</b>
Returned by: _____	Lockouts Removed <input type="checkbox"/>	Returned to: _____
Signature: _____	Equipment Removed <input type="checkbox"/>	Signature: _____
Date: _____	Waste Removed <input type="checkbox"/>	Date: _____
Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Work Area Cleaned <input type="checkbox"/>	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	Permit Returned <input type="checkbox"/>	