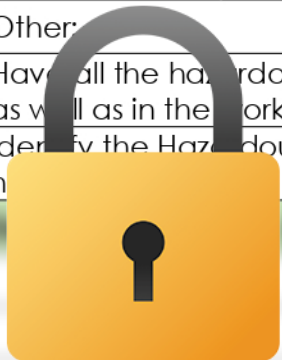


# HAZARDOUS AREA WORK PERMIT

<b>Name:</b>		<b>Permit Date:</b>	
<b>Specific Work Location:</b>			
<b>Proposed Start Time of Work:</b>		<b>Note:</b> Permit cannot exceed one shift.	
<b>Proposed Finish Time of Work:</b>			
<b>Hazardous Area Classification in Work Area</b>			
Zone 0 <input type="checkbox"/>	Zone 1 <input type="checkbox"/>	Zone 2 <input type="checkbox"/>	Zone 20 <input type="checkbox"/>
			Zone 21 <input type="checkbox"/>
			Zone 22 <input type="checkbox"/>
Other: _____			
Have all the hazardous zones been identified around the work area as well as in the work area?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Identify the Hazardous Area drawing _____			win _____



SAMPLE

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### Checklist to be Completed Prior to Work Commencing

Is the hazardous area verification dossier readily available to all persons required to enter and / or work in the hazardous area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workers hold relevant hazards areas certification or competencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signage and barricading is in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are portable / mobile power sources (e.g. engines, battery devices, etc) rated the hazardous zone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The work area has been cleaned of contaminants e.g. coal dust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ventilation for the dispersion of gas and vapours adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is mechanical ventilation (e.g. fans) required for dispersion of gas and vapours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment materials used are in accordance with the standard definition of the hazardous zones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control measures have been implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**SAMPLE**

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### Do you intend to undertake activities in the hazardous area?

Combustion engines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile power sources including battery devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Battery powered equipment including charging facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compressors, including portable air breathing devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas generators including welding machines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile power sources	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Battery powered vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gasoline engines and non-approved combustion other engines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Portable / mobile power sources and facilities (except power tools) for the hazardous area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low pressure boilers against discharge energy systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Welding and other activities involving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of hot work or other activities with equipment to create sparks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other sources of heat or sparks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you intend to undertake activities in the hazardous area?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Note:</b> Activities include installation, maintenance and completion of a defined task		

**Identify any other Safety or Environmental Concerns when Working in the Hazardous Zone**  
 (Attach additional information to the permit and complete a JHA or risk assessment, if required)

Hazard/Risk	Control Measure



SAMPLE

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

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	Company			
	Company			
	Company			
	Company			
	Company			
Do you understand the nature of the work and the extent of the hazardous zone? (If you are unsure, you must be provided)			NO	NO
Do you understand the nature of the work and the extent of the hazardous zone? (If you are unsure, you must be provided)			NO	NO
Monitoring the work				
Has the manager inspected the work? (If you are unsure, you must be provided)			NO	NO
Day of week	Hazardous activities (%)	Control Measures (%)	Signs (%)	Comments

**Person Authorizing the Permit.** (Only a Company Representative can authorise the Permit)

Have you checked the work area, competencies of persons, tools / equipment, isolations, and all associated documentation prior to authorising this Permit?

Yes

No

**Name:**

**Position:**

**Signature:**

**Cancelling the Permit** (Person who undertook the work to cancel permit)

The area has been made safe and all tools and equipment have been removed from the hazardous area?

Yes

No

**Name:**

**Signature:**

**Company Representative:** (Only a Company Representative can approve cancellation of the permit)



**SAMPLE**

**ORDER NOW AND GET FULL ACCESS**