

## Daily Safe Work Permit

COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

CREW LEADER/COMPETENT PERSON NAME: \_\_\_\_\_

WORK AREA(S)/LOCATION(S) \_\_\_\_\_

ACTIVITY DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAZARDS OF ACTIVITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOW ARE HAZARDS AVOIDED? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PPE REQUIRED FOR THIS ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

TOOLS USED: \_\_\_\_\_

\_\_\_\_\_

CHEMICALS USED: \_\_\_\_\_

\_\_\_\_\_

(REVIEW MSDS OF NEW CHEMICALS WITH CREW AND ATTACH MSDS SHEET TO PERMIT)

HOT WORK ACTIVITIES? YES OR NO

(IF YES, ATTACH COPY OF BURN PERMIT AS REQUIRED BY THE PROJECT SUPERINTENDENT)

CONFINED SPACE ACTIVITY? YES OR NO (IF YES, ATTACH COPY OF CONFINED SPACE PERMIT)

ACCESS/EGRESS ROUTES OR STAIRWAYS BLOCKED? YES OR NO

IF YES, WHAT ALTERNATE ROUTE(S) PROVIDED? \_\_\_\_\_

EXCAVATION ACTIVITY? YES OR NO (IF YES, ATTACH COPY OF INSPECTION LOG AND PERMIT) OVER