

Regal Beloit Contractor Work and Safety Permit

PUPOSE AND SCOPE OF PERMIT

This **Work Permit** is required for work by contractors. The additional **Safety Permit** section is required for all contractor work requiring or including Lockout Tagout; Hotwork; Confined Space Entry; Elevated Work; Electrical Work, Line Breaking, Chemical Use, and Excavation/Trenching. The permit and individual extensions are only good for maximum of 9 hours. Approval is required for extension upon work site review by RBC representative. However, total permit duration may not be longer than 24 hours. A fresh application is required for any change in conditions. Lockout Tagout procedures must be complied with before work approval is granted.

WORK PERMIT SECTION

TO BE COMPLETED BY CONTRACTOR Location of Work: _____

Description of Work: _____

Identify Hazards associated with the above work (people, environment, equipment work to be done):

Type of Permit(s) Applied For (*Please Check*)

| | |
|---|--------------------------|
| Line Breaking/Petroleum, Flammable or Compressed Gas Work | <input type="checkbox"/> |
| Electrical Work | <input type="checkbox"/> |
| Lockout Tagout | <input type="checkbox"/> |
| Hot Work | <input type="checkbox"/> |
| Confined Space Entry | <input type="checkbox"/> |
| Excavation/Trenching | <input type="checkbox"/> |
| Elevated Work >2 meters/yards | <input type="checkbox"/> |

Contractor Company Name: _____ Name of Contractor Lead Person: _____

Contractor Phone Number: _____ Contractor Emergency Number: _____

CHEMICAL USAGE

Chemicals being brought onto the property by contractor: _____ Disposal & Storage Plan _____
Are the chemicals on the approved list? Yes No If no approval of EHS Representative is required.

Date Applied: _____ Time Applied: From: _____ To: _____

I have ensured that the requirements for the application of the permit(s) been completed. I understand the hazards associated with the work described above and I hereby certify that I will comply with all safety rules, practices, and procedures. I hereby certify that I will be supervising the work of my Company's employees required to be named below:

Print Names of Contractor Employees: _____

Signature of Contractor Lead Person: _____ Date: _____ Time: _____

TO BE COMPLETED BY RBC REPRESENTATIVE SUPERVISING CONTRACTOR

Required, current **Certificate of Insurance** has been received, if No work cannot start. Yes No

Required purchase order has been issued and provided to Contractor: Yes No Number: _____

Required minimum safety training outlined on other side has been completed: Yes No

I have ensured that the requirements for the application of the permit(s) stated have been completed.

From(Time) To(Time) Any Restrictions or Precautions to Observe

Name of RBC Representative Supervising Contractor: _____ Phone: _____

Signature of RBC Representative Supervising Contractor: _____

TO BE COMPLETED BY RBC PROJECT MANAGER

From(Time) To(Time) Name and Signature

_____ Initial Approval

_____ Extension Approval

_____ Extension Approval

PERMIT CLOSE OUT- APPROVING PERSON TO CLOSE OUT - RETURN TO PROJECT MANAGER

I have personally verified that work has been completed, the equipment/system is back to safe operation, secondary hot work site inspected.

I have personally verified that work has stopped, temporary safety measures in place and a fresh application will be made for its resumption.

Signature of RBC Representative Supervising Contractor: _____ Date _____ Time _____

Signature of RBC Project Manager: _____

| MINIMUM SAFETY TRAINING The contractor has been trained on: Work and Safety Permit Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No Incident Reporting <input type="checkbox"/> <input type="checkbox"/> Emergency Procedures <input type="checkbox"/> <input type="checkbox"/> Lockout Tagout <input type="checkbox"/> <input type="checkbox"/> Confined Space <input type="checkbox"/> <input type="checkbox"/> Elevated Work <input type="checkbox"/> <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> <input type="checkbox"/> Plant Safety Rules / Security <input type="checkbox"/> <input type="checkbox"/> Waste Disposal Procedure <input type="checkbox"/> <input type="checkbox"/> | NAMES OF CONTRACTOR EMPLOYEES TRAINED <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">Print Name</th> <th style="width:40%;">Signature</th> <th style="width:20%;">Date</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Print Name | Signature | Date | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|--|--|------------|-----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Print Name | Signature | Date | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |

SAFETY PERMIT SECTION

SAFETY PERMITS Type of Permit(s) Applied For (Please Check)

| | | |
|--|---|--|
| High Voltage or Live Electrical Work <input type="checkbox"/> | Lockout Tagout <input type="checkbox"/> | Hot Work <input type="checkbox"/> |
| Confined Space Entry <input type="checkbox"/> | Excavation <input type="checkbox"/> | Elevated Work >2 meters/yards <input type="checkbox"/> |
| Line Breaking/Petroleum, Flammable or Compressed Gas Work <input type="checkbox"/> | Others _____ <input type="checkbox"/> | |

HOT WORK For cutting, welding, torch, grinding, and any process which generates heat or sparks.

REQUIREMENT CHECKLIST

| | |
|--|--|
| Atmosphere safe and equipment drained, cleaned and vented | Yes/No <input type="checkbox"/> <input type="checkbox"/> |
| No combustibles exposed to possible ignition with 11 meters or yards | <input type="checkbox"/> <input type="checkbox"/> |
| Surface of hot work free from oil, grease, and dust | <input type="checkbox"/> <input type="checkbox"/> |
| Regulators, hoses, gauges, torch, cylinders and other equipment in safe condition | <input type="checkbox"/> <input type="checkbox"/> |
| Flashback arrestors provided at oxy acetylene cylinders | <input type="checkbox"/> <input type="checkbox"/> |
| Exhaust ventilation provided | <input type="checkbox"/> <input type="checkbox"/> |
| Adequate PPE provided (by contractor) | <input type="checkbox"/> <input type="checkbox"/> |
| Proper type, amount of charged fire extinguishers provided at site | <input type="checkbox"/> <input type="checkbox"/> |
| Fire watcher assigned and briefed on duties | <input type="checkbox"/> <input type="checkbox"/> |
| Fire protection sprinklers, suppression is fully operational | <input type="checkbox"/> <input type="checkbox"/> |
| Name of Hot Work Operators _____ | |
| Name of Fire Watcher _____ | |
| Signature of RBC Hot Work Supervisor _____ | |
| Work area monitored after work completed: | |
| 30 minutes Time: _____ Signature: _____ | |
| 60-90 minutes Time: _____ Signature: _____ | |
| Signature of RBC Functional Manager/EHS Representative closing permit: _____ Time: _____ | |

CONFINED SPACE ENTRY For entry of confined spaces. Refer to Confined Space Program document at:

REQUIREMENT CHECKLIST

| | |
|---|--|
| Is entry really necessary to do | Yes/No <input type="checkbox"/> <input type="checkbox"/> |
| Equipment locked out and tagged | <input type="checkbox"/> <input type="checkbox"/> |
| Supply of materials is stopped & locked out | <input type="checkbox"/> <input type="checkbox"/> |
| Vessel and attached piping drained, purged, disconnected & forced ventilation provided | <input type="checkbox"/> <input type="checkbox"/> |
| Instrument calibrated & atmosphere tested | <input type="checkbox"/> <input type="checkbox"/> |
| Oxygen at least 19.5% and not more than 23.5 | <input type="checkbox"/> <input type="checkbox"/> |
| Upper and Lower Explosion Limits tested | <input type="checkbox"/> <input type="checkbox"/> |
| Are toxic, flammable, or oxygen-displacing gases/vapors present | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Hydrogen Sulfide <input type="checkbox"/> CO <input type="checkbox"/> Methane <input type="checkbox"/> CO2 <input type="checkbox"/> Hydrogen | |
| <input type="checkbox"/> Nitrogen <input type="checkbox"/> Others: _____ | |
| Trained(documented) entrant & attendant briefed of responsibilities/duties | <input type="checkbox"/> <input type="checkbox"/> |
| Harness, lanyard, winch available for emergency retrieval | <input type="checkbox"/> <input type="checkbox"/> |
| Safe method of entry & exit secured. Method of communication established: _____ | <input type="checkbox"/> <input type="checkbox"/> |
| Trained(documented) entrant & attendant briefed of responsibilities/duties | <input type="checkbox"/> <input type="checkbox"/> |
| List PPE: _____ | |
| Name of Trained Entrant _____ | |
| Name of Trained Attendant _____ | |
| Approval of RBC Supervisor _____ | |

ELEVATED WORK Work >2 meters / Yards

REQUIREMENT CHECKLIST

| | |
|---|--|
| Safe access to elevation are provided | Yes/No <input type="checkbox"/> <input type="checkbox"/> |
| Ladder used is fastened to prevent slipping | <input type="checkbox"/> <input type="checkbox"/> |
| Safety harness, lanyard, anchor present by contractor | <input type="checkbox"/> <input type="checkbox"/> |
| Area underneath work cordoned off | <input type="checkbox"/> <input type="checkbox"/> |
| Roof safety plan in place for work within 20' of edge | <input type="checkbox"/> <input type="checkbox"/> |
| Scaffolding inspected before use | <input type="checkbox"/> <input type="checkbox"/> |
| Signature of RBC Representative _____ | |
| Supervising Contractor: _____ | |

LINE BREAKING/PETROLEUM/FLAMMABLE/COMPRESSED GAS WORK See Hot Work Section Also

REQUIREMENT CHECKLIST

| | |
|--|--|
| Identified hazard of material in system | Yes/No <input type="checkbox"/> <input type="checkbox"/> |
| Supply of material stopped and locked out | <input type="checkbox"/> <input type="checkbox"/> |
| Material in lines/system drained, flushed and vented | <input type="checkbox"/> <input type="checkbox"/> |
| Equipment provided to contain spill | <input type="checkbox"/> <input type="checkbox"/> |
| Adequate PPE provided | <input type="checkbox"/> <input type="checkbox"/> |
| Signature of RBC Representative _____ | <input type="checkbox"/> <input type="checkbox"/> |
| Supervising Contractor: _____ | |

EXCAVATION TRENCHING

REQUIREMENT CHECKLIST

| | |
|---|--|
| Underground detection completed (Diggers Hotline) | Yes/No <input type="checkbox"/> <input type="checkbox"/> |
| Free from pipes, conductors, cable, data line, sewer, water, hydrant, etc. | <input type="checkbox"/> <input type="checkbox"/> |
| Excavation work will not affect surrounding structures | <input type="checkbox"/> <input type="checkbox"/> |
| Piling, shoring, bracing wales and runner provided and adequate strength to prevent cave in | <input type="checkbox"/> <input type="checkbox"/> |
| Excavated material are placed > 2 feet from edges of trench | <input type="checkbox"/> <input type="checkbox"/> |
| Open sides of trench are barricaded to prevent fall | <input type="checkbox"/> <input type="checkbox"/> |
| Warning signs are put up | <input type="checkbox"/> <input type="checkbox"/> |
| No person is working in trench during excavation | <input type="checkbox"/> <input type="checkbox"/> |
| Suitable access and egress from trench of 1.2 meters/yards and above is provided | <input type="checkbox"/> <input type="checkbox"/> |
| Note: This permit shall lapse after precipitation. A fresh application is required. | |
| Signature of RBC Functional Manager/EHS Representative _____ | |

ELECTRICAL WORK

REQUIREMENT CHECKLIST

| | |
|---|--|
| Documentation of authorized electrical safety training on file | Yes/No <input type="checkbox"/> <input type="checkbox"/> |
| Detailed procedure and safe work practices communicated | <input type="checkbox"/> <input type="checkbox"/> |
| Determination of shock protection boundaries _____ | <input type="checkbox"/> <input type="checkbox"/> |
| Determination of the flash protection boundary _____ | |
| Necessary personal protective equipment to safely perform the assigned task: Level ____ Including _____ | |
| Means employed to restrict the access of unqualified persons from the work area: _____ | |
| Lockout Tagout Completed | <input type="checkbox"/> <input type="checkbox"/> |
| All circuits and conductors to be de – energized? If no an Energized Electrical Work Permit must be completed | <input type="checkbox"/> <input type="checkbox"/> |
| Method to verify de – energized circuits or conductors: _____ | |
| Signature of RBC Representative _____ | |
| Supervising Contractor: _____ | |