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SIGNATURE

DATE

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ISSUE/REVISION INDEX

Issue Code	Revision					Revision Details
	No.	By	Rev'd.	App.	Date	
RR	PA	SC	DC	DS		Released for Review and Comments

Issue Codes: RC = Released for Execution, RD = Released for Design, RF = Released for Fabrication, RI = Released for Information, RP = Released for Purchase, RPA = Released for Permit Application, RQ = Released for Quotation, RR = Released for Review and Comments.




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1 PURPOSE

The safe work permit or Permit to Work (PTW) system ensures field work is appropriately planned, controls to mitigate hazards and risks are in place and the necessary communications with affected groups are made before work begins. Safe work permits compliment the NAPG risk management tools (PMRA, work method JHA and FLHA) to:

- 0 Plan field work activities,
- 0 Identify workplace and construction hazards,
- 0 Implement mitigating controls to workplace hazards to ALARA.

2 SCOPE

The scope of this procedure is to establish the minimum requirements, measures and actions to be taken for work activities on a NAPG Project and the use of its permits. This procedure applies to all workers and visitors working on a NAPG Project. This program may also apply where there are interfaces between project work and existing Vale operations.

3 ROLES AND RESPONSIBILITIES

3.1 NAPG Construction Manager

This role is responsible for ensuring the permit program is implemented and compliance is measured on the NAPG Project, as well as providing written acceptance of Authorized Persons to Issue Permits.

3.2 NAPG Construction Leads (Superintendent)


This role has the authority to approve and close out permits. This person must have knowledge of work activities within the Construction Island and potential interfaces. The Leads ensure the permits are reviewed with persons involved in or affected by the permitted work.

3.3 NAPG HSER Manager

This role has the authority for establishing and ensuring compliance with this procedure, as well as for regular reviews and audits of the permit system. The HSER Manager or his team maintains the list of Authorized Persons to Issue Permits. In conjunction, with the Project Director determine the requirement for the retention of closed out permits.

3.4 NAPG HSE Advisors

HSE advisors review all permits; and conduct routine inspections of workplaces to ensure permit controls are in place. This role holder shall maintain a logbook of permits issued. The HSE department will create the permit log book.

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3.5 Contractor Project Manager,

The Contractor Project Manager is accountable to the NAPG Construction Manager for ensuring that all work is performed with the required work permits authorized and controls implemented as specified by the PTW system before work begins.

3.6 Contractor Supervisor (Permit Holder)


The Contractor Supervisor is responsible to ensure:

- 0 Workers are trained and qualified to perform the work activities associated with the permit;
- 0 Workers will safely perform all tasks associated with the PTW and their concerns are adequately addressed;
- 0 Permits are properly completed and approved by the NAPG Construction Lead as required;
- 0 Additional hazards generated from activities in the work area are evaluated and controlled immediately, or work shall cease;
- 0 All required controls identified on the PTW remain in place for the duration of the PTW;
- 0 All required closing actions listed on the PTW are undertaken, signed-off as required;
- 0 Completed permits are returned to the appropriate NAPG Construction Lead for close out.

3.7 Workers

Workers are responsible to:

- 0 Participate in the review of the PTW;
- 0 Have a full understanding of the hazards and controls associated with the job;

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- 0 Utilize their training, knowledge and experience to perform the task safely;
- 0 Adhere to all required controls in the PTW for the duration of the job; and
- 0 Report any new hazards or hazards generated from new activities in the work area to their supervisor and evaluate and control them immediately.


4 DEFINITIONS

Authorized Person - A person who has been duly trained and has practical experience in permit procedures and, as a direct result, has been authorized in writing to prepare and issue a specific range of permits for defined work scopes of the NAPG Project and accepts the responsibilities associated with authorization. At minimum this training will comprise a document review of the permit to work procedure and the associated permits as well as relevant NAPG procedures for the permits to be issued. It will also include an understanding and verbal competency check by the NAPG HSE team associated with the project. See section 6.3

Construction Island - A Construction Island is a physical area of responsibility that is under the care custody and control of the NAPG project and that is to be managed by a contractor on behalf of the project to complete a scope of work activity by the contractor and or its subs. A permit will be issued to the contractor identifying the boundary and duration of the transfer. Construction islands shall be delineated by physical barriers on all sides as per the contract. These barriers typically include construction fencing, jersey barriers, existing walls, buildings and or natural structure (rock wall) and control all access to the “island”.

Brownfield Site - Self-contained area of land or facility on an operating site. Would be defined by physical barrier as a means of separation (e.g. Construction fencing, Jersey barrier, gates, perimeter walls and or building exterior, handrails). Physical isolation should be complete on all sides to prevent unintended/ uncontrolled access continuous with no gaps).

Constructor/ Prime Contractor -The intent of OHS law is to have one person with overall authority for health and safety matters on a project. This person is the Constructor or Prime Contractor of the project. This is the individual or organization who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer. The constructor/ prime contractor is the party with the greatest degree of control

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over health and safety at the entire project and is ultimately responsible for the health and safety of all workers. The constructor prime contractor must ensure that all the employers and workers on the project comply with the Act and its regulations

Greenfield Site - Self-contained area of land or facility that is part of a project which is not part of an operational site and which is typically undeveloped and without existing structures and or utilities. There should also be no work activity within the NAPG controlled project boundary that is not project coordinated.


Interface – A point of potential overlap between two or more General Contractors (including their sub-contractors) or between contractor(s) and Vale operations as a because of conducting contract work scope. A single work scope may result in no or many interfaces.

Examples:

1. a single General Contractor working on a segregated site with only its own sub-contractors may have no interfaces
2. two General Contractors working on the same site with each having its own subcontractors may have multiple interfaces.
3. Interfaces may also be introduced as the scope of work changes. For example, an electrical power shut down required as part of the contract scope may result in an interface with Vale Operations.

Permit Logbook is a book list the records of all the permits issued for a given construction island. The records are owned by the Construction Department.

Owner - the person who is registered as the owner of the land on which work is being carried out or may be carried out, or the person who enters into an agreement with the owner to be responsible for meeting the owner’s obligations under the Act, the regulations and the OHS requirements where the intent is to use the lands and or premises as a workplace

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Permit or Permit to Work- It is the document used to authorize and control work to be carried out. PTWs include:

- 0 Construction Island
- 0 Work Release
- 0 Excavation and Break-Through
- 0 Working at Heights
- 0 Confined Space
- 0 Hot Work
- 0 Isolation, Lock-out/Tag-out
- 0 Opening and Floor Grating Removal
- 0 Power Outage.

Permit Holder - A person who receives a properly prepared and signed permit, authorizing that person or group of people supervised to carry out work.

5 PERMITS REQUIRED TO WORK

5.1 Care custody and Control (permit)


Duration period: for scope of work

Issued from: Vale Operations;

Issued to: NAPG Construction Manager

Shall be provided **by the Vale Authority for the existing facility** and or area of land to the NAPG project to track and identify the party responsible for a work environment. When the operational Vale authority is turning over an area to the project for construction work, this document will establish the timeline and boundaries of the transfer of responsibility. It shall be accompanied by a marked drawing(s) showing the delineation of the foot print in three dimensions:

- by using a General Arrangement drawing to outline the perimeter and;
- an Elevation drawing to indicate the height.

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Care custody and Control of the area transferred shall remain with the project until work has been completed or there is an agreement by the parties co-signed to return the area.

5.2 Construction Island Permit:

Duration period: for scope of work
Issued from: Construction Lead;
Issued to: Contractor Supervisor

A contractor requires a *Construction Island Permit* when the area is designated as a “construction island” from Vale Operations and is in the Care and Custody of the NAPG Project. These areas would typically required only in “brownfield” environments. The area will remain in Care and Custody of the NAPG Project. However, the selected contractor will temporarily manage the area on behalf of the project.

If Vale Operations and the NAPG project deems the area not to be a construction island, then the permit is not required.

5.3 Work Release Permit:

Duration period: for scope of task or up to two months renewed with JHA review
Issued from: Construction Lead;
Issued to: Contractor Supervisor

A **Work Release Permit** will be issued for each scope of work on the NAPG Project. This permit is required to be completed, authorized and issued to the contractor prior to any work commencing. This permit will only be issued once all pre-job requirements have been completed including training documentation, risk review (PMRA acceptance), Work Method JHA acceptance, communication and traffic plans, engineered documents, critical lift plans, rescue plans, etc.


In addition to the Work Release Permit, separate permits shall be required for the following activities

A new permit is required for additions to scope, for example, field work instructions.

5.4 Excavation and Breaking Through Permit:

Maximum duration: 1 month
Issued from: Construction Lead;
Issued to: Contractor Supervisor

NAPG HSE will initiate notification to appropriate Ministry must be submitted prior to any excavation activities

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An **Excavation and Breaking Through Permit** is required for any work activity that requires excavation and or breaking of ground and includes penetration into existing structures such as walls, piers and or facades where it is not possible to visually inspect and ascertain the contents within or beyond the structure i.e. utilities, structural members. The permit is intended to identify, and control hazards associated with the work being performed. This will include, as a minimum, a services search or locates (will likely include a field report) to identify any buried services within the area of work. The contractor will include a marked-up drawing showing any buried services and the details of the excavation and or penetration when applying for this permit. The actual physical area will be marked to identify the existing utilities and or structurally significant elements as per the findings of the locates report. Obtaining an **Excavation and Breaking Through Permit** will also trigger the NAPG Project HSE team to register the excavation with the Ministry of Labour if required for that jurisdiction. In areas where known utilities exist or where potential for unknown hazards exist it is required to hydro vac to confirm. Isolations for all penetrations should be complete and verified prior to performing excavation and or breakthrough activities. When it is not possible to isolate, additional controls shall be implemented, and a project level review of activity is to be completed prior to the beginning of any field activity. It is highly recommended that mechanical excavation not be performed without visually establishing locations of buried or hidden services and structures.


5.5 Working at Heights:

Maximum duration: 24 hours - mandatory supervisor reviewed per shift for suitability
Issued from: Construction Lead;
Issued to: Contractor Supervisor

A **Working at Heights Permit** is required for any NAPG project Working at Height activities.

Follow local requirements for working at height limitations.

Working at Height is defined as working from any surface (platform, walkway, scaffold, ladder, rooftop, equipment, aerial work platform, etc.) that meets one of the following characteristics. Work activities that require any worker to access heights greater than *six feet* or where a leading edge with a potential fall of greater than *six feet* exists. Projects in Manitoba would require a permit above five feet access height or potential fall. It also includes work above pits, tanks, shafts and or moving machinery, or any other surface or object that could cause immediate injury upon contact, regardless of fall distance. Examples of such hazards include:

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impalement, electrical, hot pipes, hazardous materials or chemicals, engulfment or entrapment, water or other liquids etc.

The permit is intended to identify, and control hazards associated with the work to be performed. Wherever possible, the need to work at heights should be eliminated, however, where this is not possible, control measures must be identified and implemented to reduce or mitigate these risks. A written rescue plan is also a requirement for anyone using fall protection equipment.

5.6 Confined Space Entry:

Maximum duration: 12 hours or 1 shift
Issued from: Construction Lead;
Issued to: Contractor Supervisor

A *Confined Space Entry Permit* is required for any activities requiring entry into a confined space. The permit is intended to identify, and control hazards associated with each individual confined space. The permit process identifies key individuals required for the execution of the work; and rescue and response requirements.


5.7 Hot Work:

(Maximum duration: 12 hours or 1 shift
Issued from: Construction Lead;
Issued to: Contractor Supervisor

A *Hot Work Permit* is required for any activity to be carried out involving any type of cutting, burning, welding, grinding, spark production of heat and or any other open flames. The permit is intended to identify, and control hazards associated with the hot work activities being performed as well as outline requirements for guarding, specialty equipment, personnel and site-specific protocols.

The permit requester or an identified designate must inspect the location where the intended hot work is to be performed to ensure combustibles are removed or protected and that adequate fire control equipment exists and is suitable to task.

Multi-level hazards and areas adjacent and below must also be reviewed, assessed and protected as necessary.

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5.8 Isolation, Lock Out/Tag Out:

Maximum duration: while Isolations remain in place – no specified time

Issued from: Construction Lead;

Issued to: Contractor Supervisor

An **Isolation, Lock-Out/Tag-Out Permit** is required where an isolation (mechanical, pneumatic, hydraulic, electrical, etc.) is required to complete any work, to ensure and verify the equipment or system is at zero energy state. This includes equipment operation near overhead or buried power supplies where the work may impact on that power supply for electrical work or work on electrical equipment including work adjacent to live electrical equipment.

5.9 Opening and Floor Grating Removal:

Maximum duration: 1 month

Issued from: Construction Lead;

Issued to: Contractor Supervisor

An **Opening and Floor Grating Removal Permit** is required for any work activity where floor and wall openings are created through the work process (i.e. removals of grating, handrails, etc....) and may create leading edge or open hole condition. The permit and (preferably engineered) controls shall be in place prior to commencing the activity

The same requirements apply for new and/or replacement installations, or floor, wall or roof coverings including fitment of grating and decking.

Suitable hard barrier protection must be in place by end of shift or upon completion of work activities. No unprotected hazards shall remain.

The Working at Height permit and requirements shall also be in place. (Refer to Working at Heights section)


5.10 Planned Power Outage:

Maximum duration: while power outage remains in place – no specified time

Issued from: Construction Lead;

Issued to: Contractor Supervisor

A **Planned Power Outage Permit** is necessary when an electrical power outage is required. It is a planning and control tool to assist in the assessment and communication of an outage and the

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potential impacts that may occur because of the planned activity. Primary consideration is of critical systems and other work groups and how the planned outage will affect their work tasks and work environments. Work groups requesting a planned power outage permit must work with their NAPG electrical contact to assess potential impacts to others. Activities must be coordinated well in advance to give ample opportunity for the acceptance, communication, and counter measures necessary to minimize the potential impacts on others.

Permits to Work (PTW) refers to any of the above permits

6 GENERAL REQUIREMENTS

A permit-to-work (PTW) system is a formal written system used to authorize, control and coordinate work. A PTW is a document which specifies the work to be done and the precautions to be taken. PTWs form an essential part of safe systems of work for all workplace activities. They allow work to start only after procedures have been defined and the permit provides a clear record that all foreseeable hazards have been considered and risks mitigated.

6.1 Authorized Persons


Persons authorized to review and issue PTW (e.g., Authorized Persons) shall be appointed by the NAPG Construction Manager. The scope of the authorization shall be clearly defined and shall not extend beyond the range of situations that would be expected to occur in the normal performance of the person's duties. Before appointment, candidates shall possess:

- Enough knowledge of the relevant plant areas and PTW procedures;
- Understanding of legal requirements.
- Understand Project / contract specific HSE procedures

6.2 Permit Coordination

This chapter describes the NAPG manual permit to work process. A project may adopt an electronic process which will require its own detailed procedure in place of this one, describing the various processes, approvals and suite of procedures covered under by the electronic process.

Note: all procedures listed in Chapter 5 of this document must be included in the electronic system. Otherwise, any procedures which are excluded in the electronic system must

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follow the manual process described in this document or an approved variation which is equal to or better than.

6.2.1 Permit record logbook

Prior to the start of the Construction phase, a permit logbook (binder) will need to be established. 9 tabs will be required. One tab for each of the permits.

The following is a summary of the permit type abbreviation and color code:

- WA – work release(black);
- HW – hot work(red);
- WH - working at height(brown);
- CS – confined space(grey);
- EX – excavation(green);
- FO- floor openings(blue);
- LO- lock out(orange);
- CI- construction island (white);
- PO- power outage(orange).

Within each tab will be a tracking sheet with


the appropriate permit type abbreviation followed by a sequential number.

Record no.	Date	Requested by	Contractor	Activity	Close Out
AAXXXX	dd/mm/yy		ACME inc		dd/mm/yy

All permits to work shall be coordinated through approved NAPG project personnel.

All General Contractors planning to perform work on the NAPG Project must request authorization to commence work by completing the Work Release permit and submitting the permit and all supporting documentation to the NAPG Authorized Person prior to commencing work. The minimum time for review and approval is approximately 96 hours in advance to allow time for NAPG team to review, return permits and supporting document shall be established in the contract scope of work process during the bidding phase and no later than upon award.

The Work Release Permit request shall include supporting documentation as detailed on the application. If the work scope will result in an Interface, then the work release permit request may also include any associated Subordinate Permit requests. It is understood that Subordinate Permit requests may be delayed if specific dates/times for the critical work activity are uncertain.

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In the case that an interface has been identified, Subordinate Permit requests must be forwarded to the NAPG Authorized Person within 24 hrs of the day prior to the commencement of the permitted work.

6.3 Review and Acceptance


The NAPG Authorized Person, generally the NAPG Area Superintendent responsible for the area in which the work is to be performed, shall review Work Release Permit requests and supporting documentation within 24 hours following receipt of the request and either accept or reject the Work Release Permit.

Prior to acceptance of the Work Release documentation the NAPG Authorized Person will assess whether an Interface may exist as part of the work scope identified on the Work Release Permit. If no Interface is determined to exist, the Work Release Permits will be issued upon acceptance and will be signed by both the NAPG Authorized Person and the General Contractor Authorized Person.

If the NAPG Authorized Person determines that an Interface may exist, they will advise the General Contractor requestor that the Work Release has been accepted and a further review of the documentation request will be conducted. The NAPG Authorized Person will determine what parties [General Contractor(s), Employer(s), Vale Department(s)] may be impacted by the Interface and request a joint Work Permit Coordination Meeting with the Leads of all impacted parties as soon as possible.

Work Permit Coordination Meetings will be scheduled as needed but will not occur more frequently than a once daily or per shift basis. The NAPG Construction Manager (or designate) will determine the frequency of meetings.

The purpose of the Work Permit Coordination Meeting is to further assess the work scope, supporting documentation and any potential Interface. An action plan will be developed during the meeting to address hazards/issues stemming from the Interface. All sections of the Working Release permit are updated to reflect the action plan and a decision is made as to whether supporting documentation requires changes because of the review. All leads of the impacted parties acknowledge the Work Release action plan and commit to ensuring that safety precautions under their control are implemented. This action will be documented on the permit or in minutes of meeting. Following acknowledgement by the impacted parties, the Work Release permit is accepted and authorized.

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In the case that the Work Release permits, Subordinate Permits or supporting documentation still does not adequately address the action plan following the meeting, the General Contractor is advised at the meeting what information is required to allow authorization. The General Contractor does not necessarily have to wait until the next Work Permit Coordination Meeting to obtain authorization, as the required information can be presented to the NAPG Authorized Person as soon as it becomes available. If the provided information is deemed to meet the requirements of the action plan, the Work Release permit and associated Subordinate Permits will be accepted and will be signed by both the NAPG Authorized Person and the General Contractor Authorized Person.

Before issuing a Work Release or Subordinate Permit, at a minimum the Authorized Person shall consider the following:


- Process hazards (gas, liquid, steam, electrical, radiation, etc.).
- Plant isolation requirements (from hazardous materials, electrical power, radiation, etc.).
- Residual material remaining after isolation.
- Testing to ensure plant is free of dangerous contaminants.
- Precautions to be observed.
- Protective equipment to be worn.
- Accessibility and ergonomics on the job.
- Emergency exit route, rescue plan.
- Discussion of job hazards with the permit holder.
- Potential hazards from or to other people, equipment or activities near the work.

A permit check list shall be prominently displayed in areas where permits are prepared for review and issue.

6.4 Training Requirements

Training shall consist of, but is not limited to the following:

- Familiarization with the contents of this procedure for all personnel involved under the PTW System;
- Familiarization with the procedures for specific PTW activities under which a person may have responsibilities or be required to perform work; and
- Any specific legislated or required training as prescribed.

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6.5 Multiple Tasks

Multiple activities or tasks may be allowed at the discretion of the Authorized Person. A given Permit may cover a group of tasks in the same geographic area that requires the same precautions and isolation procedures. However, separate Permits will be required for tasks or activities with different precautions or isolations.

At the discretion of the NAPG Authorized Person, a single recipient may sign as the Responsible Person for each PTW or multiple PTW as the supervisor of various work groups only if he/she can supervise each group adequately. This condition and the number of people working on the task must be recorded in the Acceptance and Return section of the permit.

Multiple tasks under a single permit or supervised by a single Responsible Person should be the exception rather than the rule.

6.6 Issue of Permits to Work

The NAPG Authorized Person shall evaluate a PTW application by:


- Ensuring the contractor has completed all sections of the PTW and applicable permits for specific hazards; refer to section 2.1 for all required permits.
- Reviewing all sections of the PTW and advise of any necessary change.

The Recipient shall:

- Read the PTW;
- Discuss hazards and precautions with the NAPG Authorized Person;
- Where deemed necessary by either party, review the task at the job site; and
- Where required, obtain any supplementary Permits.

The Authorized Person shall then issue the PTW.

- The Recipient shall sign the acceptance of the PTW and insert the time and date (24-hour clock).

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- The original shall remain “open” in the office normally used for PTW issue. A photocopy of the PTW may be taken onto the job.

6.7 **Withdrawal of Permits to Work**

Should there be a change in conditions at the plant that introduces new hazards to a task being done under the PTW, or render the stated precautions inadequate, the Recipient must stop work and notify the Authorized Person.

If the scope of the task being done under the PTW should change after it has been signed, the permit shall be reissued to reflect the change, or a new permit may be issued.

The Authorized Person, in consultation with operations personnel in direct operating control of plant and equipment, shall have the authority to stop the work and withdraw the PTW at any time.

6.8 **Extension of Permits to Work**

An Authorized Person may extend the Care and Custody Permit if the job is incomplete when the Permit expires, provided there are no additional hazards, and the precautions specified on the original Permit to Work still apply. The permit may be for a shorter period as deemed necessary by NAPG Project Construction Management.

Work is extended by completing the Extension section of the Construction Island Permit. The extension must be signed by an Authorized Person and re-accepted by the Recipient.


In the event of an emergency stopping the work under a Permit to Work, the Recipient shall discuss the conditions with the Authorized Person before recommencing work.

6.9 **Change of Recipient or Authorized Person**

As necessary, PTWs may be transferred in the presence of the NAPG Authorized Person, as follows:

- The Recipient leaving a job shall sign off and date the original.
- The incoming Recipient shall sign and date the original.

A new Authorized Person (for example at shift change) shall countersign the original of the permit within two hours of shift start, after ensuring that it is safe for the job to continue.

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6.10 Job Completion

At job completion, or on leaving the job incomplete, the Recipient shall sign and date the original in the presence of the Authorized Person.

The Authorized Person shall:

- Ensure the Recipient has left the plant in an appropriate level of housekeeping;
- Sign and date Job Completion part the original to accept the work; and
- Ensure the safe return to operations.

6.11 Permits to work Records

NAPG Project HSE Department shall maintain Records in a readily accessible manner, to include:

- Records of training of PTW Recipients,
- The original copy of each PTW shall be filed,
- These shall be retained for at least 12 months after job completion, and
- In the case of an incident, the associated PTW shall be retained for at least seven years.

7 RECORDS

Construction Island Permit: NAPG- SPI-FRM-0008

Work Release Permit: NAPG- SPI-FRM-0002


Isolation Lock Out-Tag Out Permit NAPG- SPI-FRM-00XX

Excavation-Trench Permit: NAPG- SPI-FRM-0005

Working at Heights Permit: NAPG- SPI-FRM-0004

Confined Space Entry Permit NAPG- SPI-FRM-00XX

Hot Work Permit: NAPG- SPI-FRM-0003


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Floor Opening & Grating Removal Permit: NAPG- SPI-FRM-0006


Power outage permit: NAPG- SPI-FRM-0012

8 REFERENCE

507763-000-0000-68AG-0019 AER procedure Permit to Work


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10 SUGGESTED PERMITS:

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11 SUGGESTED PERMITS


11.1 Floor opening and grating removal permit

 North Atlantic Projects Group (NAPG)	FLOOR OPENINGS and GRATING REMOVAL PERMIT	Project No.	Contract	Rev.	
NAPG Project HSE Program- NAPG- SAF-FRM-00008		Permit #:			
IDENTIFICATION					
Job location: _____		Duration: From: _____ To: _____		Maximum Duration 1 Month	
Description of work: _____					
Job Hazard Analysis (JHA) accepted by: _____		Date: _____			
Job Hazard Analysis (JHA) #: _____					
Work Group requesting permit: _____					
Work Group(s) executing the work : <input type="checkbox"/> Same as the requester, or specify: _____					
TYPE OF ACTIVITIES					
No opening shall ever be left unguarded. Post a watch if necessary, immediately secure all areas.					
<input type="checkbox"/> Grating Removal	<input type="checkbox"/> Handrail Removal	<input type="checkbox"/> Wall Openings	<input type="checkbox"/> Ladder, Stair & Landing Removal	<input type="checkbox"/> Unsecured materials	<input type="checkbox"/> Grating modifications or movement
<input type="checkbox"/> Floor Panel Removal	<input type="checkbox"/> Roof/Ceiling Removal	<input type="checkbox"/> Hatchway Removal	<input type="checkbox"/> Elevated work in proximity to handrail (ex. Ladder within 6' of handrail)	<input type="checkbox"/> Grating modifications or movement	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Grating Removal Seal	<input type="checkbox"/> High Traffic Area	<input type="checkbox"/> Designated Walkway	<input type="checkbox"/> Incomplete Installation of Roof/ Floor Coverings		
SPECIFIC HAZARD					
<input type="checkbox"/> No Specific Hazard					
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____					
In presence of those, appropriate measures must be implemented to eliminate the risks.					
REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)					
<input type="checkbox"/> No additional PPE required no fall hazard exists					
PHYSICAL PROTECTION					
<input type="checkbox"/> Fall Arrest Harness and Lanyard	<input type="checkbox"/> Properly suitable anchor points identified				
<input type="checkbox"/> Travel Restraint System	<input type="checkbox"/> Specialized Clothing				
<input type="checkbox"/> Retractable Lifeline	<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Horizontal Lifeline					
SAFEGUARDS & PROTECTIVE EQUIPMENT					
SAFE GUARDS					
<input type="checkbox"/> Hard Barriers Installed	<input type="checkbox"/> Completed guardrails installed & secure	<input type="checkbox"/> Temporary Covering Secured & Marked with a X & "Danger Opening Do Not Remove Do Not Load"			
<input type="checkbox"/> Remaining Grating & or Decking Secure	<input type="checkbox"/> Materials, Equipment, & Tools Removed or Secure	<input type="checkbox"/> Warning Signs Installed			
<input type="checkbox"/> Area Barricaded above/below	<input type="checkbox"/> Temp Covers Eng latched to withstand	<input type="checkbox"/> Bump Lines flagged installed 10 ft from leading edge			
<input type="checkbox"/> Hazard Communicated to all Affected	<input type="checkbox"/> All potential loads, equipment and materials	<input type="checkbox"/> Spotter/ Ground Person Required			
<input type="checkbox"/> Alternative Access & Egress Installed	<input type="checkbox"/> Plan/ Sequence of Installation/ Removal	<input type="checkbox"/> Other: _____			
COMMENT & SPECIAL RECOMMENDATION					
<input type="checkbox"/> No additional comments or recommendations					
_____ _____ _____					
SIGNATURE CHECKLIST AUTHORIZATION					
All reasonable efforts to be made to replace coverings prior to end of shift.					
Contractor executing the work understands scope of work, nature of hazards, necessary safety precautions and will ensure that these requirements are followed. Personnel affected by the work will be informed of hazards and control measures.					
Immediate Work Group Supervision		_____ Print name	_____ Signature	_____ Date	
Project Area Lead		_____ Print name	_____ Signature	_____ Date	
Reviewed by:		_____ Print name	_____ Signature	_____ Date	
Project HSE		_____ Print name	_____ Signature	_____ Date	
CHECKLIST COMPLETE					
<input type="checkbox"/> Have affected personnel been informed that the job is completed? <input type="checkbox"/> Is the area secure? Has a final walk down inspection occurred? <input type="checkbox"/> Has the work area been cleared of materials, tools, equipment? Have all temporary measures been removed? <input type="checkbox"/> Is any additional follow up work required? (specify) _____					
This checklist is now closed.					
Immediate Work Group Supervision		_____ Print name	_____ Signature	_____ Date	
Project Area Lead		_____ Print name	_____ Signature	_____ Date	
Project HSE		_____ Print name	_____ Signature	_____ Date	


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DMR


14155.00

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11.2 Working at Height:


	WORKING AT HEIGHT \$ PERMIT	Project No.	Contract	Sequential	Rev.
North Atlantic Projects Group (NAPG)	NAPG HSE Program NAPG-SAF-FRM-0004				PA
		Permit #:			
IDENTIFICATION					
Task location: _____		Duration: From: _____ To: _____		Max duration 1 x HSE	
Description of work: _____					
Job Hazard Analysis (JHA) accepted by: _____		Date: _____			
Job Hazard Analysis (JHA) Description and Number: _____					
Work Group Requesting Permit: _____					
Work Group(s) executing the work: <input type="checkbox"/> Same as the requester, or specify: _____					
Work Group Supervisor Verification of all training requirements met and competency checks complete: _____					
		Signature		Date	
TYPE OF ACTIVITIES					
<input type="checkbox"/> Leading Edge <input type="checkbox"/> Ladder Use - Platform <input type="checkbox"/> EWP / AWP		<input type="checkbox"/> Work on Roofs <input type="checkbox"/> Scaffolding / Work platforms <input type="checkbox"/> Engineered scaffolding		<input type="checkbox"/> Suspended Access Equipment <input type="checkbox"/> Multi Point Suspended Platform <input type="checkbox"/> Climbing/Steel Erection	
<input type="checkbox"/> Crane basket/Cage <input type="checkbox"/> Crawling Openings <input type="checkbox"/> Other: _____		<input type="checkbox"/> Man Climber <input type="checkbox"/> Shaft/Man way/Shaft Ladder/Vertical Access		<input type="checkbox"/> Diving basket at Height	
Specify Hazards					
<input type="checkbox"/> _____ <input type="checkbox"/> _____		<input type="checkbox"/> _____ <input type="checkbox"/> _____			
In presence of those, appropriate measures must be implemented to maintain safe risks.					
Documentation					
PHYSICAL PROTECTION					
<input type="checkbox"/> Training: Task and Equipment specific <input type="checkbox"/> Rescue Plan Note: To be accepted and attached <input type="checkbox"/> User Manual / Manufacturers Specifications <input type="checkbox"/> Equipment Inspection		<input type="checkbox"/> Engineered Design Drawings <input type="checkbox"/> Daily Pre Use <input type="checkbox"/> Quarterly Inspection Log of Fall arrest equipment <input type="checkbox"/> Total Fall Distance Calculations Complete		<input type="checkbox"/> Dropped Objects Prevention Plan <input type="checkbox"/> Swing fall hazards accounted for and protected against <input type="checkbox"/> Other: _____	
Safeguards & Protective Equipment					
<input type="checkbox"/> No additional safeguards or protective equipment required					
<input type="checkbox"/> Fall Protection Safe Guards <input type="checkbox"/> Housekeeping complete <input type="checkbox"/> Scaffold Inspected <input type="checkbox"/> Holes covered and identified <input type="checkbox"/> Proper chocks identified <input type="checkbox"/> Leading Edge Approved Equip Used		<input type="checkbox"/> Fall Protection Safe Guards <input type="checkbox"/> Area barricaded below <input type="checkbox"/> Tools Secure <input type="checkbox"/> Level working surface <input type="checkbox"/> Railings/Barriers in place and secure <input type="checkbox"/> No other/ground Person Required		<input type="checkbox"/> Equipment Inspection <input type="checkbox"/> Harness & Lanyard <input type="checkbox"/> Eng Inerted Lifeline <input type="checkbox"/> Self Retracting Lifeline <input type="checkbox"/> Ladder <input type="checkbox"/> DWP/AWP	
				<input type="checkbox"/> Engineered Documents in place <input type="checkbox"/> Training Complete <input type="checkbox"/> Warning/Danger Signs in place <input type="checkbox"/> Rescue Procedures and equipment in place <input type="checkbox"/> Other: _____	
COMMENTS AND SPECIAL RECOMMENDATIONS					
<input type="checkbox"/> No additional comments or recommendations					
WORK GROUP CHECKLIST AUTHORIZATION					
Work Group executing the task understands a scope of work, nature of hazards, necessary safety precautions and will ensure that these requirements are followed. Personnel affected by the work will be informed of hazards and control measures.					
Work Group Supervisor		Project Area Lead		Reviewed By:	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
CHECKLIST CLOSURE					
<input type="checkbox"/> Have affected personnel been informed that the task is completed? <input type="checkbox"/> Is the area secure? Has a final walk down inspection occurred? <input type="checkbox"/> Has the work area been cleared of materials, tools, equipment? Have all temporary measures been removed? <input type="checkbox"/> Is any additional follow-up work required? (specify) _____					
This checklist is now closed.					
Work Group Supervisor		Project Area Lead		Project HSE or Designate	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COPY OF THIS CHECKLIST WILL BE DISPLAYED AT THE WORK SITE. VALID FOR DURATION OF ISSUE ONLY.
 COPY OF THE CLOSED CHECKLIST MUST BE RETURNED AND KEPT IN FILE IN THE PROJECT HSE OFFICE.


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Construction island permit:


	CONSTRUCTION ISLAND PERMIT	Project No.	Subject	Sequential	Rev.
					00
NORTH ATLANTIC PROJECTS GROUP	NAPG HSE Program NAPG-SAF-FRM-0007	Date:			
Plant Area:		Construction Island Permit No.:			
CONTRACT No(s):		Equipment No.:			
Contract Description:					
Construction Island or Brownfield?					
JOB OVERVIEW DESCRIPTION					
PRECAUTIONS AND OTHER INFORMATION					
Contractor HSE Documents Current? (reference SHE Summary)					
AREA LEAD :					
VALE NAPG Contact:					
SUPPORTING PERMITS / DOCUMENTS (additional information)					
<input type="checkbox"/> Work Release Permit		<input type="checkbox"/> Confined Space Permit		<input type="checkbox"/> Excavation / Trench Permit	
<input type="checkbox"/> Hot Work Permit		<input type="checkbox"/> Isolation Permit		<input type="checkbox"/> Working at Heights	
<input type="checkbox"/> Applicable Third Party Permits		<input type="checkbox"/> Management Of Change		<input type="checkbox"/> Electrical Permits	
<input type="checkbox"/> Engineered Lifting		<input type="checkbox"/> Crane Lifts (Non Eng.)		<input type="checkbox"/> Others: specify	
CONSTRUCTION ISLAND ACCEPTANCE					
ACCEPTANCE <i>(This Permit is only valid when all above parts have been completed)</i>					
Responsible Person or Persons Taking the Construction Island Permit I have read this CONSTRUCTION ISLAND PERMIT and have had the hazards and precautions explained to me. I undertake to comply with these provisions. Should there be a change in conditions which introduce new hazards to the task, I, or the work party will stop work and notify the PROJECT AREA LEAD. Work will only proceed from secure footing. I shall vacate area on request or alarm. I shall not interfere with on-line equipment.					
Name	Signature	Org	Date	Time	Completed
		NAPG			YES <input type="checkbox"/> NO <input type="checkbox"/>
		CONTRACTOR			YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

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NORTH ATLANTIC PROJECTS GROUP			


11.4 Excavation and break through permit


 North Atlantic Projects Group <small>(NAPG)</small>	EXCAVATION TRENCH & BREAKTHROUGH PERMIT	Project No.	Work Release #	Excavation Permit #:	Rev
NAPG HSE Program NAPG-SAF-PRM-0005					
IDENTIFICATION					
Job location: _____ Duration: From: _____ To: _____ Description of work: _____ Maximum duration 1 month					
Job Hazard Analysis (JHA) performed & reviewed by: Name: _____ Date: _____ Contractor requesting permit: _____ Contractor executing work: <input type="checkbox"/> Same as requester, or specify: _____					
Competent Person who has assessed ground conditions and determined type: Name: _____ Date: _____ Position: _____ Company: _____ Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4 <input type="checkbox"/> Please note no excavations at the Copper Cliff Site shall be class Type 2					
Is the excavation/trench intended for human occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, portion of trench, indicate: _____					
SPECIAL HAZARDS					
<input type="checkbox"/> No special hazard					
EXCAVATION IS: <input type="checkbox"/> < 3 meters of the: <input type="checkbox"/> Shore edge <input type="checkbox"/> Roadway <input type="checkbox"/> 1-3 meters deep <input type="checkbox"/> 3-5 meters deep					
BURIED SERVICES: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Water line <input type="checkbox"/> Sand mark <input type="checkbox"/> Phone & data line <input type="checkbox"/> Fire protection <input type="checkbox"/> Process equipment <input type="checkbox"/> Heavy rain in the past few days <input type="checkbox"/> Existing foundation structure					
<input type="checkbox"/> Shoring required <input type="checkbox"/> Flood or ground water sources <input type="checkbox"/> Unstable ground <input type="checkbox"/> Work near high voltage & energized line <input type="checkbox"/> Buried <input type="checkbox"/> Overhead					
ACCESS/EGRESS BY:					
<input type="checkbox"/> No special hazard <input type="checkbox"/> Protected scissor ladder <input type="checkbox"/> Hydraulic <input type="checkbox"/> Ramp <input type="checkbox"/> Other: _____ <input type="checkbox"/> Distance between entry/exit points no greater than 25% @ meters on either side (Soft span (5 meters) maximum between ladders/ Access)					
REQUIRE D PERSONAL PROTECTIVE EQUIPMENT (PPE)					
Protective Eyewear, hand hat, or restraint to cuts, gloves, long sleeves, 10 mmk respirator <input type="checkbox"/> No additional PPE <input type="checkbox"/> Harness/line <input type="checkbox"/> Other: _____					
SAFEGUARDS & PROTECTIVE EQUIPMENT					
<input type="checkbox"/> No additional safeguards or protective equipment required					
<input type="checkbox"/> Engineer work certification <input type="checkbox"/> Drawing review <input type="checkbox"/> Surveyed identification of buried utilities <input type="checkbox"/> Daylighting <input type="checkbox"/> Barricade of 1.1 meters installed on the edge of excavation >1.5 meters & warning signs					
<input type="checkbox"/> Manual excavation at <0.45 meter of buried excavation <input type="checkbox"/> 1.50 meter clearance between wall of excavation and framework/element <input type="checkbox"/> No vehicle at <3 meters on the edge of excavation					
<input type="checkbox"/> No material at <1.2 meters on the edge of excavation (soil side) <input type="checkbox"/> Ladder or access ramp every 1.5 m. <input type="checkbox"/> Shoring <input type="checkbox"/> Other: _____					
COMMENTS AND SPECIAL RECOMMENDATIONS					
<input type="checkbox"/> No additional comments or recommendations					
SIGNATURE CHECKLIST AUTHORIZATION					
Has presence of underground piping requirement been identified on site? Yes <input type="checkbox"/> No <input type="checkbox"/> Safety Location: <input type="checkbox"/> Daylighting Yes <input type="checkbox"/> No <input type="checkbox"/> NDC Notification # Yes <input type="checkbox"/> No <input type="checkbox"/> Has all temporary measures, including barricade, warning signs, been installed to protect this area? Yes <input type="checkbox"/> No <input type="checkbox"/> Has any effect on traffic on the worksite been evaluated and permit for road closure been requested if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/> Contractor executing the work understands scope of work, nature of hazards, necessary safety precautions and will ensure that these requirements are followed. Personnel affected by the work will be informed of hazards and control measures.					
Contractor Supervisor		_____ Print name	_____ Signature	_____ Date	
NAPG Area Lead or Designate		_____ Print name	_____ Signature	_____ Date	
Reviewed by: NAPG HSE Manager or Designate		_____ Print name	_____ Signature	_____ Date	
EXCESS MATERIAL MANAGEMENT					
Excess excavated material anticipated? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", briefly explain why not: _____ If "Yes", identify the authorized dumping location: _____ Estimated quantity of excess material (tonnage): _____ Authorization to dump (if other than at CCTA Landfill): _____ Vale employee authorization: _____					
		_____ Print name	_____ Signature	_____ Date	
CHECKLIST CLOSURE					
Have affected personnel been informed that the job is completed? Yes <input type="checkbox"/> No <input type="checkbox"/> Have all temporary measures, including barricade, warning signs, been removed? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the work area been cleared of materials, tools, equipment and site refilled? Yes <input type="checkbox"/> No <input type="checkbox"/> Have drawings been updated? Yes <input type="checkbox"/> No <input type="checkbox"/> Is any additional follow-up work required? (specify) _____					
This checklist is now closed. Contractor Supervisor: _____ NAPG Area Lead or Designate: _____					
		_____ Print name	_____ Signature	_____ Date	
		_____ Print name	_____ Signature	_____ Date	

A COPY OF THIS CHECKLIST WILL BE DISPLAYED AT THE WORK SITE. VALID FOR DURATION OF ISSUE ONLY. DM# 140223
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11.5 Lock and Tag out permit


 North Atlantic Projects Group (NAPG)	ISOLATION, LOCK OUT / TAG OUT PERMIT	Project No.	Subject	Sequential	Rev.															
	NAPG HSE Program NAPG-SAF-FRM-0009		Permit #: _____																	
Job Location: _____ Duration - From: _____ To: _____																				
Description of Work: _____ Job Hazard Analysis (JHA) performed or reviewed by: _____ Date: _____ Job Hazard Analysis (JHA) Title & Number: _____ Work Group requesting permit: _____ Work Group(s) executing the work: <input type="checkbox"/> Same as the requester, or specify: _____																				
COMMUNICATION																				
<input type="checkbox"/> Plans, as outlined and communicated to all affected work groups, personnel and organization. <input type="checkbox"/> Notification of potential or actual service interruptions, completed. <input type="checkbox"/> Alternative equipment required (Ex: Lighting, alarms, temporary facilities or power supply). <input type="checkbox"/> Operations management approval received (where applicable). <input type="checkbox"/> Newsletter or posted notifications required and completed. Other (specify): _____																				
TYPE OF ACTIVITIES																				
<input type="checkbox"/> New Installation <input type="checkbox"/> Electrical Power Lines <input type="checkbox"/> Mechanical Instrumentation <input type="checkbox"/> Inspection Testing <input type="checkbox"/> Clearing <input type="checkbox"/> Hot Work <input type="checkbox"/> Hoteling <input type="checkbox"/> Live Work Other (specify): _____																				
SPECIAL HAZARDS - Ensure all sources are identified <input type="checkbox"/> No special hazards																				
ENERGY <input type="checkbox"/> Electrical (capacitors) <input type="checkbox"/> Hydraulic <input type="checkbox"/> Kinetic/gravity <input type="checkbox"/> Pre-Pneumatic pressure <input type="checkbox"/> Gas / Liquid / Steam / Chemical (circle) <input type="checkbox"/> Mechanical <input type="checkbox"/> Thermal power <input type="checkbox"/> Residual Potential <input type="checkbox"/> Or Other (specify): _____																				
REMOVAL OF ENERGY SOURCE																				
<input type="checkbox"/> Discharged <input type="checkbox"/> Bleed <input type="checkbox"/> Blank/ Blind <input type="checkbox"/> Block/ Supported <input type="checkbox"/> Release <input type="checkbox"/> Test isolation of equipment prior to all work																				
SAFEGUARDS & PROTECTIVE EQUIPMENT <input type="checkbox"/> No additional safeguards or protective equipment required																				
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> ZES LOTO Procedures <input type="checkbox"/> ZES Lockbox Form <input type="checkbox"/> Blue Project Lock <input type="checkbox"/> Red Personal Protection Lock and Tag <input type="checkbox"/> Verify ZES </td> <td style="vertical-align: top;"> OTHER MEANS OF ISOLATION <input type="checkbox"/> Manual Knife/ Disconnect <input type="checkbox"/> Fuse removal <input type="checkbox"/> Valve handle removal <input type="checkbox"/> Slip Blank/ Spade <input type="checkbox"/> Disconnect valve actuator <input type="checkbox"/> Double block and bleed <input type="checkbox"/> Blank flange <input type="checkbox"/> Cap / plug <input type="checkbox"/> Pipe misalignment <input type="checkbox"/> Control (Open to atmosphere or catch device) Other: _____ </td> <td style="vertical-align: top;"> PR PROTECTION DEVICES <input type="checkbox"/> Lock Box <input type="checkbox"/> Cascaded Lock Boxes <input type="checkbox"/> Job Aid Form <input type="checkbox"/> Standards <input type="checkbox"/> Non Traditional Isolation Device <input type="checkbox"/> Alarm or Warning Device <input type="checkbox"/> Variance Required and Approved Other: _____ </td> <td style="vertical-align: top;"> ADDITIONAL MEASURES <input type="checkbox"/> Protective Barriers and/or Devices <input type="checkbox"/> Cleaning and drainage of the systems <input type="checkbox"/> Inspection <input type="checkbox"/> Systems Walk Downs </td> </tr> </table>						ZES LOTO Procedures <input type="checkbox"/> ZES Lockbox Form <input type="checkbox"/> Blue Project Lock <input type="checkbox"/> Red Personal Protection Lock and Tag <input type="checkbox"/> Verify ZES	OTHER MEANS OF ISOLATION <input type="checkbox"/> Manual Knife/ Disconnect <input type="checkbox"/> Fuse removal <input type="checkbox"/> Valve handle removal <input type="checkbox"/> Slip Blank/ Spade <input type="checkbox"/> Disconnect valve actuator <input type="checkbox"/> Double block and bleed <input type="checkbox"/> Blank flange <input type="checkbox"/> Cap / plug <input type="checkbox"/> Pipe misalignment <input type="checkbox"/> Control (Open to atmosphere or catch device) Other: _____	PR PROTECTION DEVICES <input type="checkbox"/> Lock Box <input type="checkbox"/> Cascaded Lock Boxes <input type="checkbox"/> Job Aid Form <input type="checkbox"/> Standards <input type="checkbox"/> Non Traditional Isolation Device <input type="checkbox"/> Alarm or Warning Device <input type="checkbox"/> Variance Required and Approved Other: _____	ADDITIONAL MEASURES <input type="checkbox"/> Protective Barriers and/or Devices <input type="checkbox"/> Cleaning and drainage of the systems <input type="checkbox"/> Inspection <input type="checkbox"/> Systems Walk Downs											
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COMMENTS AND SPECIAL RECOMMENDATIONS <input type="checkbox"/> No additional comments or recommendations																				
_____ _____ _____																				
SIGNATURE CHECKLIST AUTHORIZATION																				
<input type="checkbox"/> Have all affected personnel been informed of the upcoming lock-out/tag-out? <input type="checkbox"/> Have systems/equipment been walked down/reviewed to ensure ZERO ENERGY has been achieved? <input type="checkbox"/> Will it be necessary to restore energy source to test or troubleshoot the system? (If Yes, action plan required) <input type="checkbox"/> Have guards or safety devices been removed or by-passed to perform maintenance or service? (If Yes, action plan required) <input type="checkbox"/> Has the equipment been checked to ensure that the deactivation method is effective in preventing unexpected movement, cycling or other harm? <input type="checkbox"/> Status: Tags required? If yes, are they installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Group executing the work understands scope of work, nature of hazards, necessary safety precautions and will ensure that these requirements are followed. Personnel completing the work will be informed of all hazards and control measures.																				
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Work Group Supervision</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Project Area Lead or Designate</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						Work Group Supervision	_____	_____	_____	_____	Project Area Lead or Designate	_____	_____	_____	_____					
Work Group Supervision	_____	_____	_____	_____																
Project Area Lead or Designate	_____	_____	_____	_____																
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Reviewed by:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Project HSE Manager or Designate</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						Reviewed by:	_____	_____	_____	_____	Project HSE Manager or Designate	_____	_____	_____	_____					
Reviewed by:	_____	_____	_____	_____																
Project HSE Manager or Designate	_____	_____	_____	_____																
CHECKLIST CLOSURE																				
<input type="checkbox"/> Have all locks and tags been removed? <input type="checkbox"/> Have affected personnel been advised that energy sources are about to be restored? <input type="checkbox"/> Have all items been disconnected or removed, such as flanges, gaskets, O-rings and spool pieces, been replaced? <input type="checkbox"/> Have all valves been left in a safe position? <input type="checkbox"/> Have all safeguards been restored, such as leak indicating flange covers, thermal barriers, guards, check valves, flame arrestors and glands? This checklist is now closed.																				
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Work Group Supervision</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Project Area Lead or Designate</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Project HSE manager or Designate</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						Work Group Supervision	_____	_____	_____	_____	Project Area Lead or Designate	_____	_____	_____	_____	Project HSE manager or Designate	_____	_____	_____	_____
Work Group Supervision	_____	_____	_____	_____																
Project Area Lead or Designate	_____	_____	_____	_____																
Project HSE manager or Designate	_____	_____	_____	_____																
<small>A COPY OF THIS CHECKLIST WILL BE DISPLAYED AT THE WORKSITE, VALID FOR DURATION OF ISSUE ONLY. COPY OF THE CLOSED CHECKLIST MUST BE RETURNED & KEPT ON FILE PROJECT OFFICE.</small>																				

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11.6 Planned Power outage

	Planned Power Outage	Project No.	Contract	Sequential	Rev.
North Atlantic Projects Group (NAPG)	NAPG HSE Program NAPG-SAF-SPI-0012				Permit #
Job Location:	Duration: From date:		To:		
	Duration: Time From:		To:		
Purpose & Description of Work: Location Affected by Outage: Primary Isolation Points Identified (Switch room, Switchyard, Mine Center, Switch #):					
Job Hazard Analysis (JHA) accepted by: _____ Date: _____ Job Hazard Analysis (JHA) Title & Number: _____ MISC/YYY Person/Work Group Requesting Outage: _____ Person/Work Group executing the work: <input type="checkbox"/> Same as the requester, or specify: _____					
TYPE OF ACTIVITIES					
<input type="checkbox"/> Mainline Installation <input type="checkbox"/> Construction Upgrade <input type="checkbox"/> Mining <input type="checkbox"/> Electrical Installation <input type="checkbox"/> Mechanical Other (specify): _____					
SYSTEMS AND EQUIPMENT AFFECTED BY OUTAGE					
WATER <input type="checkbox"/> No recirc. Water <input type="checkbox"/> Process Water <input type="checkbox"/> Fire Water <input type="checkbox"/> Waste Systems		POWER <input type="checkbox"/> Main Power <input type="checkbox"/> Back up or Auxiliary Power <input type="checkbox"/> Temporary Construction / Ore Equipment <input type="checkbox"/> Dewatering <input type="checkbox"/> Lighting <input type="checkbox"/> Specialized Equipment or Circuits <input type="checkbox"/> Other: _____		Control Systems <input type="checkbox"/> Process Control Networks <input type="checkbox"/> Remote and/or On-site <input type="checkbox"/> Remote Operated Vehicles	
VENTILATION/AIR <input type="checkbox"/> Primary or Main Ventilation <input type="checkbox"/> Secondary or Auxiliary Ventilation <input type="checkbox"/> Compressed or Blasted Air Systems <input type="checkbox"/> Heating and Cooling <input type="checkbox"/> Other: _____		WORKING EQUIPMENT <input type="checkbox"/> Electronic Systems <input type="checkbox"/> No Use <input type="checkbox"/> Water / Liquid Levels <input type="checkbox"/> Air Quality <input type="checkbox"/> Other: _____		Communication Systems <input type="checkbox"/> Telephone Communication <input type="checkbox"/> Internet <input type="checkbox"/> Wi-Fi <input type="checkbox"/> Safety / Inter-Communication <input type="checkbox"/> Remote monitoring systems <input type="checkbox"/> Radio / Truck Communication <input type="checkbox"/> Video System / Communications <input type="checkbox"/> Company Network / Intranet <input type="checkbox"/> Emergency Warning / Alarm <input type="checkbox"/> Other: _____	
IMPACT COMMENT & AND SPECIAL RECOMMENDATIONS <input type="checkbox"/> No additional comments, requirements or recommendations					
PLAN AND COMMUNICATION					
<input type="checkbox"/> 21 Schedule Communication Completed <input type="checkbox"/> Newsletter / Additional Notification <input type="checkbox"/> Marked Drawings Provided <input type="checkbox"/> Safety Walk Down Completed <input type="checkbox"/> Single Line Diagram Completed and Reviewed <input type="checkbox"/> Valance required <input type="checkbox"/> Notification Plans in place ex. Ventilation / Desulfurizing Process(es) Respond to _____ Permittee: _____ Approver: _____					
SOB NATURE CHECKLIST AUTHORIZATION					
<input type="checkbox"/> Have all affected personnel been informed of the upcoming planned outage? <input type="checkbox"/> Have all Notifications been completed? <input type="checkbox"/> Have systems/equipment been isolated down/reversed to ensure all impacts identified? <input type="checkbox"/> Will it be necessary to restore energy/resources to test or trouble-shoot the system? (If Yes, Action plan required) <input type="checkbox"/> Has the equipment been checked to ensure that the isolation method is effective in preventing unexpected movement, cycling or other harm? <input type="checkbox"/> Will additional power cause additional risk or issues for the work group(s) or others? <input type="checkbox"/> Is there a communication & execution plan in place? Have all affected parties been notified?					
Work Group executing the work understands scope of work, nature of hazards, necessary safety precautions and will ensure that these requirements are followed. Personnel affected by this work will be informed of hazards and control measures.					
Work Group Supervision: _____ Superintendent, Area Lead or Designate: _____ PWS Name: _____ Signature: _____ Date: _____ Reviewed by: Project or Area HSE: _____ PWS Name: _____ Signature: _____ Date: _____					
CHECKLIST DEBRIEF					
<input type="checkbox"/> Have affected personnel been advised that energy resources have been restored? <input type="checkbox"/> Have all systems been returned to pre-outage status? <input type="checkbox"/> Have all safeguards been restored?					
This checklist is now closed. Work Group Supervision: _____ PWS Name: _____ Signature: _____ Date: _____ Superintendent, Area Lead or Designate: _____ PWS Name: _____ Signature: _____ Date: _____ Project or Area HSE: _____ PWS Name: _____ Signature: _____ Date: _____					

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 INCOUS#12009-11 NAPG_FORMAT_Planned Power_Outage_HLS/Parent/Code


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11.7 Hot Work Permit

 North Atlantic Projects Group (NAPG)	HOT WORK PERMIT NAPG-SAF-FRM-0003	Project No.	Subject	Sequential	Rev.
	<i>Valid for 1 shift only - Max. 12 hours</i>				PA
IDENTIFICATION		Permit No. _____			
Job location: _____		Duration: From: _____ To: _____			
Description of work: _____					
Job Hazard Analysis (JHA) performed or reviewed by: _____		Date: _____			
Supervisor responsible for task: _____					
Work Group requesting permit: _____					
Work Group executing the work: _____		<input type="checkbox"/> Same as the requester, or specify: _____			
TYPE OF ACTIVITIES		<input type="checkbox"/> Work Environment Free of Combustible Materials			
<input type="checkbox"/> Arc welding <input type="checkbox"/> Heating appliance <input type="checkbox"/> Grinding <input type="checkbox"/> Mig welding <input type="checkbox"/> Tig welding <input type="checkbox"/> Plasma cutting <input type="checkbox"/> Snagging/welding <input type="checkbox"/> Oxy-fuel welding <input type="checkbox"/> Combustion Device <input type="checkbox"/> Oxy-fuel cutting <input type="checkbox"/> Mechanical cutting/grinding <input type="checkbox"/> Other: (specify) _____					
SPECIAL HAZARDS		<input type="checkbox"/> All hazards considered for areas: same level, Adjacent, Above and Below			
<input type="checkbox"/> Flammable material or substance within 11 meters <input type="checkbox"/> Opening in the floor, roof or wall <input type="checkbox"/> Radiant heat conducting to combustible material <input type="checkbox"/> Oxygen and/or Natural Gas Lines <i>In presence of these, appropriate measures must be implemented to eliminate mitigate risks. Hot work is prohibited in hazardous atmosphere.</i>		<input type="checkbox"/> Presence of hazardous chemicals <input type="checkbox"/> Presence of flammable/combustible dust <input type="checkbox"/> Presence of flammable/combustible vapours <input type="checkbox"/> Wood or Rubber Products		<input type="checkbox"/> Hot work on machinery or equipment <input type="checkbox"/> Work in confined space <input type="checkbox"/> Low oxygen concentration <input type="checkbox"/> Other: _____	
REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE) <i>Safety glasses, hardhat safety boots, gloves and long sleeves always required.</i>		Note: Suitable PPE required for all workers/helpers at risk to potential exposure			
PHYSICAL PROTECTION <input type="checkbox"/> Welding helmet <input type="checkbox"/> Welding goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Gloves (welding, heat resistant)		<input type="checkbox"/> Hearing protection <input type="checkbox"/> Clothing (welding apron, flame resistant, insulated, etc) <input type="checkbox"/> Other: _____		RESPIRATORY PROTECTION <input type="checkbox"/> Particulate respirators <input type="checkbox"/> Gas/Vapour respirators <input type="checkbox"/> Welding air purifying respirators <input type="checkbox"/> Powered air-purifying respirators (PAPR)	
SAFEGUARDS & PROTECTIVE EQUIPMENT		<input type="checkbox"/> Charged water hose or other equipment required			
FIRE PROTECTION <input type="checkbox"/> Welding curtain <input type="checkbox"/> Fire blankets, tarps, covers <input type="checkbox"/> Fire extinguisher (> 3 meters) <input type="checkbox"/> Water hose <input type="checkbox"/> Continuous Water Mist or Spray <input type="checkbox"/> Other: _____		VENTILATION <input type="checkbox"/> Is there through ventilation <input type="checkbox"/> Is auxiliary ventilation required <input type="checkbox"/> Is there a danger of impact to or contamination of other areas		EQUIPMENT INSPECTION <input type="checkbox"/> Cables/ground clamp <input type="checkbox"/> Welding machine power cable <input type="checkbox"/> Gauges/Hoses/Fishback Arrestors <input type="checkbox"/> Cylinder properly attached <input type="checkbox"/> Torch Pre use inspection <input type="checkbox"/> Opening in the floor obstructed	
		PERMITS <input type="checkbox"/> Confined space <input type="checkbox"/> Lock-out Tag-out <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> Local exhaust		FIRE WATCH REQUIRED <input type="checkbox"/> 30 minutes after work completion <input type="checkbox"/> _____ hour(s) after work completion <input type="checkbox"/> Fire watch required multiple locations Name: _____ Name: _____	
COMMENT \$ AND SPECIAL RECOMMENDATIONS		<input type="checkbox"/> No additional comments or recommendations			

SIGNATURE CHECKLIST AUTHORIZATION					
Work Group executing the work understands scope of work, nature of hazards, necessary safety precautions and will ensure that these requirements are followed. Personnel affected by the work will be informed of hazards and control measures					
Work Group Supervision _____ NAPG Area Lead or Designate _____					
Reviewed by: _____ NAPG HSE Manager or Designate _____					
CHECKLIST CLOSURE					
<input type="checkbox"/> Have affected personnel been informed that the job is completed? <input type="checkbox"/> Have all temporary measures, including welding curtain, fire blanket, tarps, covers, been removed? <input type="checkbox"/> Has the work area been cleared of materials, tools, equipment? <input type="checkbox"/> Any additional follow-up inspection required? (specify action and timing) _____					
This checklist is now closed.					
		_____ Signature		_____ Date	
		_____ Signature		_____ Date	
		_____ Signature		_____ Date	

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