CONTROLS AND APPROVALS: HWOF

Work Control Certificate No. _____

COMPLETE IN INK

SECTION F - EQUIPMENT PREPARATION AND ISOLATION

OPERATIONS REP (IA) LED

NOTE: *This section represents an agreement of the required equipment status prior to performing work. Operations personnel are responsible for identifying the Process Hazards, Preparation and Isolation of the equipment.*

PRODUCT(S) / SERVICE:

PREPARATION						ISOLATION	Y	LOTO	Y	CSE Classification	Y
	Y	N		Y	N	Positive Isolation	☐	Not Required	☐	Non Hazardous	☐
Depressured	☐	☐	Washed / Cleaned	☐	☐	Non-Positive Isolation	☐	Type I LOTO	☐	Hazardous	☐
Emptied	☐	☐	N2 Purged	☐	☐	Non Standard Isolation	☐	Type II LOTO	☐	IDLH	☐
Steamed	☐	☐	Air Purged	☐	☐	**LOCKBOX No:**				**CSE No:**	
Other											

SECTION G - RISK ASSESSMENT

CRAFT REP (PA) AND OPERATIONS REP (IA)

NOTE: *This section represents an agreement of the controls to be in place prior to and during work activities. Craft personnel are accountable for identifying the Task Hazard(s) and Control(s).*

MINIMUM CONTROLS DURING OPEN FLAME ACTIVITIES

Must be in place during this activity

- Safer work location considered and work moved if possible
- Remove or Cover Combustible Materials within 35' if possible
- Area Clear of Flammable Materials
- Fire Extinguisher Provided by Craft
- Atmospheric Test
- Sewers Covered within 35ft
- Standby / Fire Watch

SELECTED CONTROLS DURING OPEN FLAME ACTIVITIES

Must be in place during this activity

☐ Spark Containment ☐ Continuous Gas Monitoring ☐ Metal Fume Respiratory Form *(if Required)*

LOG EACH JOB SCOPE ACTIVITY, THE ASSOCIATED HAZARDS AND THE REQ'D CONTROLS. Controls should be considered in this order, Elimination, Substitution, Control and Mitigation

PRE-REQ*: CHECK IF REQUIRED TO BE IN PLACE BEFORE SHIFT PERMIT IS ISSUED*

ACTIVITY	HAZARD(S)	CONTROL(S)	PRE-REQ
	☐ Elevated Work Site	Spark Containment	☐
	☐ Combustible Materials within 35' present or unprotected	Fire Watch shall remain 30min. after completion of work	☐
	☐ Paths that can conduct heat to flammables/combustibles or carry sparks		☐
	☐ Relief Valve to Atmosphere within 35' of Job Site		☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

SECTION H - RISK MATRIX - RESIDUAL

OPERATIONS REP (IA) AND CRAFT REP (PA)

	HAZARD EFFECT	PROBABILITY	SCORE	ALARP
Signature: Facilitator				☐

SECTION I – CONTINGENCY ACTION

What do you do if something goes wrong?

OPERATIONS REP (IA) AND CRAFT REP (PA)

SECTION J - WCC CREATION PARTICIPANTS

Signature: Operations Representative (IA) _____ Signature: Craft Representative (PA) _____

SECTION K - HIGHER LEVEL APPROVALS (SEE APPROVAL TABLE)

OPERATIONS SUPERVISOR

Signature	Signature	Signature
Title	Title	Title

SECTION L – AFFECTED AREA AUTHORITY (AAA) APPROVAL

OPERATIONS SUPERVISOR

If work is within 35' ISBL / OSBL of another Unit or Operating Area?

Signature: AAA _____ Affected Area(s) / UNIT(s) _____

SECTION M - AUTHORIZATION & RELEASE BY OPERATIONS SUPERVISOR (AA)

I verify the QUALITY of the WCC, the equipment is Isolated and prepared as per Section F, and I've contacted the Affected Area Authority if required.

Permit Issuing Authority will issue Shift Permit to: ☐ Work Crew Rep ☐ Work Crew Members

Is Shift Supervisor (AA) required at issue of Shift Permit? ☐ Yes ☐ No

Signature: Operations Supervisor (AA) _____ Date / Time: _____ / _____

WCC is valid for 7 days from this date unless revalidated by AA. See back.

****WHEN THIS PAGE IS COMPLETE ATTACH TO WCC PAGE 1***

WCC PAGE 2

HOT WORK OPEN FLAME

NO BREAKING CONTAINMENT or ENERGIZED ELECTRICAL WORK MAY BE PERFORMED UNDER THIS WCC

SECTION W – GAS TEST RESULTS

NOTE: *In order to perform Hot Work under this WCC, the requirements of the Permit Pack must be met AND the results of the atmospheric test must be recorded in this section.*

Operations Initials	Tested Date/Time	Monitor Serial No.	LEL (Safe ≤ 10% LEL)	Operations Initials	Tested Date/Time	Monitor Serial No.	LEL (Safe ≤ 10% LEL)
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SECTION X - WCC REVALIDATION BY OPERATIONS SUPERVISOR (AA)

I extend this WCC for an additional period of 7 days. I have reviewed and verified the WCC, the equipment status and the job site conditions and I have also communicated with any Affected Area Authorities.

RV 1 _____ _____ / _____
Signature: Operations Supervisor (AA) Date / Time:

I extend this WCC for an additional period of 7 days. I have reviewed and verified the WCC, the equipment status and the job site conditions and I have also communicated with any Affected Area Authorities.

RV 2 _____ _____ / _____
Signature: Operations Supervisor (AA) Date / Time:

I extend this WCC for an additional period of 7 days. I have reviewed and verified the WCC, the equipment status and the job site conditions and I have also communicated with any Affected Area Authorities.

RV 3 _____ _____ / _____
Signature: Operations Supervisor (AA) Date / Time:

SECTION Y - COMPLETION OF WORK / CLOSING WCC

NOTE: *Signatures indicate the Work Crew Rep has visited the job site with the Permit Issuing Authority and confirmed the work area/equipment has been left in a clean/safe state. The WCC is closed.*

_____ _____ / _____
Signature: Permit Issuing Authority (PIA) Date/Time

_____
Print: Work Crew Rep (PA)

_____ _____ / _____
Signature: Work Crew Rep (PA) Date/Time