CONTROLS AND APPROVALS: CWBC

WORK CONTROL CERTIFICATE No: _____

COMPLETED 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	☐	Type II LOTO	☐	Non Hazardous	☐
Depressured	☐	☐	Washed / Cleaned	☐	☐	Non-Positive Isolation	☐	Type I LOTO	☐	Hazardous	☐
Emptied	☐	☐	N2 Purged	☐	☐	Non Standard Isolation	☐	Not Required	☐	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 responsible for identifying the Task Hazard(s) and Control(s).*

MINIMUM CONTROLS DURING LINE BREAKING ACTIVITIES ***Must be in place during this activity***

- Gas Test per PR-14 (Toxics, C-5s and Lighter)
- Goggles
- Face Shield
- Operator Presence at Containment Break ☐ 1st ☐ Every

☐ **MOBILE EQUIPMENT REQUIRED** ***MOBILE EQUIPMENT MUST NOT BE RUNNING DURING FIRST CONTAINMENT BREAK***

MINIMUM CONTROLS FOR BC WITH MOBILE EQUIPMENT

- Atmospheric Test
- Fire Extinguisher
- Operator Presence at **Every Containment Break** in Hydrocarbon Service
- Area Clear of Flammable Materials
- Sewers Covered within 35ft

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
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
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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 (AA)

Signature	Signature	Signature
Title	Title	Title

SECTION L – AFFECTED AREA AUTHORITY (AAA) APPROVAL

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

OPERATIONS SUPERVISOR (AA)

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.

The current Line Status is: ☐ Cleared ☐ Uncleared ☐ Unproven ☐ Live

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

Date / Time: _____ / _____

Signature: Operations Supervisor (AA)

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

BREAKING CONTAINMENT

NO OPEN FLAME 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