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| **AFTER HOURS WORK PERMIT** |
| **DURATION OF PERMIT (1 SHIFT MAX.)** |
| **DATE OF ISSUE:** |  | **TIME OF ISSUE:** |  |
| **CONTRACTOR:** |   | **SUPERVISOR:** |  |
| **PROJECT:** |  |
| **PURPOSE:** |  |
| **WEATHER:** |  | **SURFACE CONDITION:** |  |
| **TEMPERATURE:** |  | **ACCESS MEANS:** |  |
| **WORK TASK & HAZARD REVIEW:** |
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| **Change in Workplace Conditions Will Require a Hazard Re-Assessment** |
| [ ]  Head Protection | [ ] Fire Extinguishers | [ ]  Traffic Vests |
| [ ]  Foot Protection | [ ]  Emergency Lighting | [ ]  Other: Access to Emergency Equipment |
| [ ] Fall protection | [ ]  Cellular Phone | [ ]  Other: Access to Phones |
| [ ]  Respirators | [ ]  First Aid Kit | [ ]  Other: |
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| **SPECIAL PROCEDURES AND INSTRUCTIONS:** |
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| **All Personnel listed on this permit have been instructed in the work procedures, safety precautions and emergency procedures to be followed. Supervisor will be on site at all times for the duration of the permit.** |
| **Supervisor's Signature:** |  |
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| **PERSONNEL ACKNOWLEDGMENT** |
| **WORKER NAME (Print)** |  | **WORKER SIGNATURE** |
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| **SITE SUPERINTENDENT:** |
| **SAFETY REVIEW REMARKS:** |
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| **Review Date:** | **Review Time:** | **Initialed By:** |