WORK PERMIT LEVEL 2 NO.:

			non		
Applicant name:	me: Discipline: Phone: SAFE JOB ANALYSIS NO.:				
Work description:			REQUIRES APP	PROVAL FROM ELEC	CTRICAL DEPARTMENT
			WORK ORDER NO	D.:	
			OPERATION NO.:		
			ISOLATION NO.: _		
			Day Date from:	Night Date to:	
			Attachment:		
Identified risks:					
			_		
			— ———		
			_		
Equipment/tools:					
Installation:	Location/module:	Deck:			
Tag/line no.:		Zone:			

OPERATIONS AND SAFETY PREPARATIONS	A B		
Required performed by Area technician	Signature	Required performed by Executing skilled worker	Signature
Depressurization		Verify isolation	
Draining Emptying		Electrical isolation Locking	
Cleaning		Tag No.:	
□ Isolation by single valve □ Double block&bleed		🗅 Barrier 🔲 Signs	
🗅 Blind 🛛 Isolation plan		Cooperate with CCR Area operator	
🗖 Tag 🗖 Lock		Procedures Checklist for the operation known	
Coordinate with other activities		Ref. no.:	
		Safety datasheet or action card read and available	
Inspection of the area every hours		Continuous guard Radio communication	
🖵 Other		Control of temporary lifting equipment	
		Special personal protective equipment	
		Measures to avoid work-related diseases	
Remarks			
		Other requirements/preparations	
		- use field on page 2 if neccessary	

AUTHORIZATION / APPROVAL		
Area/Operations supervisor:	and the second	Other position:
Remarks/requirements:		

RECAUTIONS PRIOR TO/DURING WORK EXECUTIO	V
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Work site cleared according to requirements, identified risks handled *Area technician*

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Time: Signature:

The work is cleared with CCR

CCR technician Time: Signature:

RENEWED WORK CLEARANCE / TEMPORARY TERMINATION

	Renewed work clearance				
Date/time	Area technician	Executing skilled worker	CCR technician		

Temporary termination of the work			
Date/time	Area technician	Executing skilled worker	CCR technician

COMPLETION Α В □ Yes □ No □ Not applicable U Work completed Generation Work not completed All locks/tags removed □ Yes □ No □ Not applicable Workplace cleaned and cleared Equipment ready for operation Area technician Executing skilled worker Signature: Original: Work site Signature: Time: Copy: Work cleared by CCR CCR technician Time: Signature:

ORDER UNDERSTOOD AND IS/WILL BE CARRIED OUT

Date	Executing skilled workers in work team: (Block letters)	Signature

Date	Other requirements/preparations	Signature

A

В

 Precautions understood and are/will be fulfilled, identified risks handled

 Executing skilled worker
 Name: (Block letters)