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Y Interior Health	Title:		Documer	it No.:	Approved By:	
	Line Break Permit		Devision	Ne	Data Approved	
	Author:		Revision	NO.:	Date Approved:	
Work Order Number: Permit Number:			Method S	Statement / Risk		
			Assessment Number:			
Section 1 to be completed by the Permit Requester						
Permit Requester	Name:			Company:		
Intended Work Area	Building:		Loc	ation Number:		
Description of Work:						
Equipment/Tools to be us	ed:					
Section 2 to be completed by the Permit Requester						
Hazard Identification and Risk Assessment						
Have the line or service and isolations been identified on the appropriate drawing?						
Are suitable fire extinguishers available in the work area?						
Has all debris and loose material been removed from the work area?						
Are there spill kits readily available and easily accessible?						
For work on piping, has the line been emptied (Isolated), cleaned/flushed with water (neutralized), lock and tagged out?						
Has all flammable material been removed from the area?						
Do workers have access to appropriate PPE?						
Are signs posted in the area warning of line breaking?						
Is the work area cordoned off or have barriers been erected?						
Is the lighting and ventilation adequate for the task?						
Is there sufficient access/egress in the work area?						
Can emergency access/egress routes be kept clear?						
Additional Hazards:						
Hazard			Control			
	ion 3 to be completed	by the Peri	nit Requester and		norizer	
Permit Valid From:				Start Time:		
То:	End Date:			End Time:		
	Print Name		Signature	Date	Time	
Permit Requester:						
Permit Authorizer:						
Section 4 to be completed by the Permit Requester and the Permit Authorizer						
I am satisfied that this work has been completed satisfactorily and that the area has been left in a safe and clean condition.						
	Print Name		Signature	Date	Time	
Permit Requester:						
Permit Authorizer:						