CHECKLIST

Permit # __________________________ Date _______ Area___________ Nature of job

OPENING PROCEDURES

1. Procedure reviewed with work crew? YES NO
2. Valves closed and locked/tagged? YES NO
3. Area barricaded and properly signed? YES NO
4. Additional ventilation fans provided if working indoors? YES NO
5. Atmosphere monitored by __________________________
6. Possible gases involved? ceiling level? meter type (to measure gas)?

_________________________ _______________

8. Respirator required? YES NO
9. Purging agent such as Nitrogen used? YES NO
   If Yes, Oxygen readings must be taken (above 19.5%)
10. Spark producing activities regulated? YES NO
11. Fire extinguisher available? YES NO
    Fire suppression system in service (if applicable)? YES NO
12. For Hot Work:
    Floors wetted down if applicable? YES NO
    Is line purging necessary? YES NO

CLOSING PROCEDURES

1. Lines properly closed? YES NO
2. Valves opened, area checked for leaks with meters? YES NO
3. Locks, tags, signs and barricades removed? YES NO
4. Fire watch established, if necessary? YES NO
    Watcher ______________________ Time __________________________

CHECKLIST FILLED OUT BY _________________________________