

CONTRACTOR WORK PERMIT

General Information	Date: / /	Start Time: am pm	End Time: am pm
Building: Location/Equip:			
Contract Company:			
Contract Job Supervisor Name: (Print)			
Scope of Work:			
List Workers:	Use Back of permit if needed!		
A CODE YELLOW or RED, interruption of work for one hour VOIDS this permit.			
Contract Workers have been made aware of:			
Waste/Trash Disposal	Y N N/A	Other area work activities/permits	Y N N/A
Barricading Requirements	Y N N/A	Crew Accountability	Y N N/A
Chemical/material/process hazards	Y N N/A	Permit completion procedure	Y N N/A
Location of eyewash/showers	Y N N/A	Housekeeping requirements	Y N N/A
Location of phone/emergency #	Y N N/A	Required monitoring equipment	Y N N/A
Location of nearest extinguisher	Y N N/A	Emergency Procedures	Y N N/A
Required Safety Equipment:			
Safety Glasses	Steel Toes	Air Purifying Respirator	Step Ladder
Hard Hat	Hearing Protection	Air Supplied Respirator	Chemical Suit
Face Shield	Atm. Monitors	Dust Mask	Chemical Gloves
Long Sleeves	Fall Protection	Leather Gloves	Chemical Boots
Long Pants	Extension Ladder	Goggles	Ground Fault Circuit Int.
Fire Watch Vest	Attendant Vest	Extension Ladder	
BFG Personnel has:		Additional Permits or Hazardous Work?	
Y N N/A	Reviewed Contractor MSDS	Hot Work	Man-lifts/Cranes
Y N N/A	Inspected work area	Confined Space	Line Opening
Y N N/A	Notified Affected personnel of work	Asbestos Removal	Scaffolding
Y N N/A	Reviewed LOTO w/job supervision	Trenching-Excavation	Other?
Contractor Supervisor Signature:		BFG Supervisor Signature:	
CLOSURE:			
Job Status	COMPLETE	Details of Incomplete Job Status:	
	INCOMPLETE		
Contract Supervisors Signature:			
BFG Employee who inspected the work area:			
DIAL 4800 FOR EMERGENCIES!			