Contractor Daily Work Permit

General Work Permit

To be completed by Contractor and Contractor with work group participation prior to beginning work. If conditions change during the course of the job, STOP and re-evaluate task and fill out new permit.

Veolia or MMSD Project Manager:

Contractor:

Contractor Phone#: 

MMSD Contract

☑ Project# 

Veolia Contract

☐ PO# WO# 

Work Description: 

Location & Bldg#: 

Date: Time: 

Pre-Job Checklist

Correct tool/equipment for the job Y / N
Is it in safe condition? Y / N
Proper guards in place? Y / N
Are tools/equipment inspected and defect free? Y / N
Employees trained to use equipment/tools? Y / N

Standard Minimum PPE:

☐ Safety Glass, Safety Shoes, Hard Hat, Gloves

Elevated Additional PPE (As needed):

☐ Fall Protection ☐ Face Shield
☐ Goggles ☐ Hearing Protect.
☐ Other: ☐ Dust Mask

Barricades w/Tags

☐ Yellow Caution Tape ☐ Gates/Temp Railing
☐ Red Danger Tape ☐ Information Tags ☐ Other: 

Misc.

☐ Safety Signs: (Ex: Trip Hazard, Confined Space, Hearing Protection)
☐ Eye Wash/Safety Showers Located and Checked
☐ Scaffold, Ladders, etc. Inspected

Mobile Equipment

All personnel trained to operate/documented? Y / N
Equipment right for the job? Y / N
☐ Crane ☐ Forklift ☐ Scissor Lift ☐ Man Lift
☐ Other: 

Additional Permits Needed

☐ LOTO: Box# 
☐ Excavation
☐ Permit Required Confined Space
☐ Hot Work/ Fire Watch
☐ Other:

(Attach to completed Daily Work Permit at end of day)

The following personnel have read and understood all safety requirements, front and back of form, associated with performing the prescribed work.

Contractor Lead: 

Project Manager: 

Contractor Lead Signature: 

Project Manager (Or Designee) Signature: 

Additional Comments: See Back Side→
All MMSD and Veolia Construction Safety Requirements must be followed. Copies are available for download at https://www.mmsd.com/government-business/rules-regulations/safety

Additional Comments:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________


Worker Signatures

The following personnel have read and understood all safety requirements, front and back of form, associated with performing the prescribed work.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Closing Daily Permit

☐ No Injuries
☐ Fire Watch Complete (if applicable)
☐ Tools & Equipment properly stored

Time: _____________

Work Group Lead: ___________________________

Project Manager (Or designee): ___________________________

Revision 1.0 03.08.19