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: _____

_____

_____

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_____

Location & Bldg#_____

Date: _____ **Time:** _____

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)

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
☐Red Danger Tape ☐Gates/Temp Railing
☐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 Hazards of Job

Potential Hazards Associated with Job	Recommended Controls

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:

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Worker Signatures

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

Print Name	Signature

Closing Daily Permit

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

Time: _____

Work Group Lead: _____

Project Manager (Or designee):_____