## Request Section

**Type of Work Requested:**
- [ ] Hot Work
- [ ] Cold Work
- [ ] Electrical
- [ ] JSEA completed/attached

**Issue Date/Time:**

**Expires Date/Time:**

**Location:**

**Description of Work:**

---

## Contact

**Completed by Performing Authority**

<table>
<thead>
<tr>
<th>Contact Person/Supervisor</th>
<th>Phone Number</th>
<th>Radio Frequency</th>
</tr>
</thead>
</table>

---

## Equipment Condition

**Completed by Performing Authority and Verified by Issuing Authority**

1. **Out of Service:**
   - [ ] Depressedured
   - [ ] Not Drained

2. **In Service:**
   - [ ] Pressurized

3. **Deenergized/Isolated:**
   - [ ] Locked out
   - [ ] Bleders open

4. **Electrically Energized:**
   - [ ] Atmosphere checked for:
     - % Oxygen
     - % LEL
     - CO (carbon monoxide)
     - PPM for:

5. **Other Conditions:**

---

## Work Hazards

**Completed by Performing Authority and Verified by Issuing Authority**

1. **SIMOPS:**
   - [ ] Oxygen deficiency
   - [ ] Pinch points
   - [ ] Hot environment

2. **Power tools:**
   - [ ] Hydrocarbon vapor
   - [ ] Working at heights
   - [ ] Cold environment

3. **Line of fire:**
   - [ ] Chemical exposure
   - [ ] Electrical
   - [ ] Heavy lifting

4. **High pressure:**
   - [ ] Acids/Caustics
   - [ ] Overhead work
   - [ ] Falling objects

5. **Severe Weather:**
   - [ ] Sources of ignition
   - [ ] Eye hazards
   - [ ] High noise

6. **Mechanical lifting:**
   - [ ] Excavation
   - [ ] Hot/Cold surfaces
   - [ ] Sharp objects

7. **Stored energy:**
   - [ ] Limited access/egress
   - [ ] Walking/Working surface

8. **Other Hazards:**

---

## Controls

**Completed by Issuing and Area Authority**

1. **Barricades:**
   - [ ] Fire watch

2. **Flagman required:**
   - [ ] Standby fire extinguishers
   - [ ] Additional lighting

3. **LOTOS:**
   - [ ] Blanket to contain sparks
   - [ ] Continuous monitor required, Type

4. **Level 2 Risk Assessment:**
   - [ ] Use tag line

5. **Competent person's name:**
   - [ ] Additional precautions

---

## PPE

**Completed by Performing Authority and Issuing Authority**

1. **Standard Required PPE:**
   - [ ] Protective suit, Type
   - [ ] Respirator, Type

2. **Rubber boots:**
   - [ ] Cooling vest
   - [ ] Gloves, Type

3. **Face shield/goggles:**
   - [ ] Reflective vest
   - [ ] Electrical hot suit, Type

4. **Hearing protection:**
   - [ ] Lifeline
   - [ ] FRC

5. **Supplied air:**
   - [ ] Safety harness/lanyard/ladsafe
   - [ ] 8 cal

6. **Any additional PPE:**

---

## Authorization

**Permit is Not Valid Until Signed**

<table>
<thead>
<tr>
<th>Performing Authority</th>
<th>Print</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Area Authority/Facility Manager**

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## Permit Sign Off

**Completed by BP and Contractor Representative**

1. **Work Complete**
2. **Work Incomplete**

**Performing Authority**

---

**Return Permit to Area Authority when work is finished for the shift**

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**PERMIT IS VOID IF WORK IS NOT STARTED WITHIN 2 HOURS OF GAS TEST**

Copy of Permit must be at Job Location

White-Performing Authority -- Canary-Issuing Authority -- Green-SIMOPS