



BP Wind Energy Permit to Work

Permit No: _____

Permit is not valid for more than 12 hours without reauthorization

Request Section

Type of Work Requested: Hot Work Cold Work Electrical **Additional Permits Required:**

JSEA completed/attached LOTO Permit # _____

Issue Date/Time _____ Confined Space Permit # _____

1 Expires Date/Time _____ Ground Dist. Permit # _____

Location _____ BP Contractor Company Name _____

Description of Work _____

Contact Completed by Performing Authority

2 Contact Person/Supervisor _____ Phone Number _____ Radio Frequency _____

Equipment Condition Completed by Performing Authority and Verified by Issuing Authority

3 Out of Service Depressured Drained **Atmosphere checked for:**

In Service Pressurized Not Drained _____ % Oxygen

Deenergized/Isolated Locked out _____ % LEL

Electrically Energized Bleeders open _____ CO (carbon monoxide)

Other Conditions: _____ _____ PPM for: _____

Work Hazards Completed by Performing Authority and Verified by Issuing Authority

4 SIMOPS Oxygen deficiency Pinch points Hot environment

Power tools Hydrocarbon vapor Working at heights Cold environment

Line of fire Chemical exposure Electrical Heavy lifting

High pressure Acids/Caustics Overhead work Falling objects

Severe Weather Sources of ignition Eye hazards High noise

Mechanical lifting Excavation Hot/Cold surfaces Sharp objects

Stored energy Limited access/egress Walking/Working surface Repetitive motion

Other Hazards: _____ MSDS# _____

Controls Completed by Issuing and Area Authority

5 Barricades Fire watch Additional access/egress Tractel

Flagman required Standby fire extinguishers Additional lighting Tripod with retrieval device

LOTO Blanket to contain sparks Air mover required GFCI

Level 2 Risk Assessment Use tag line Continuous monitor required, Type _____

Competent person's name _____

Additional precautions _____

[See site safety procedures for additional requirements](#)

PPE Completed by Performing Authority and Issuing Authority

6 **Standard Required PPE:** (safety toed boots, hardhat, safety glasses) Protective suit, Type _____

Rubber boots Cooling vest Respirator, Type _____

Face shield/goggles Reflective vest Gloves, Type _____

Hearing protection Lifeline Electrical hot suit, Type _____

Supplied air Safety harness/lanyard/ladsafe FRC 8 cal

Any additional PPE _____ 20 cal 40 cal

Authorization Permit is Not Valid Until Signed

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	Print	Sign
Performing Authority	_____	_____
Issuing Authority	_____	_____
Area Authority/Facility Manager	_____	_____
Affected Issuing Authority (SIMOPS)	_____	_____

Area Authority notified by phone and approves (for after hours work) Date/Time _____

[Return Permit to Area Authority when work is finished for the shift](#)

Permit Sign Off Completed by BP and Contractor Representative

8 Work Complete Work Incomplete (Please list reasons) _____

Performing Authority _____ Issuing Authority _____

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