

COVID-19 WORK PERMIT

Person requesting approval:	Contact Number:	Email:	
PROJECT INFORMATION & DATE/TIME OF WORK			
Project Name & Job Number:	Region:	Supervisor (PM/Project Exec):	
Address of Job:			
Description of Facility (hospital, care facility, call center, etc.):			
Date work will be performed:	Estimated time of completion:		
Customer/Client Contact:	Customer/Client Contact Number:		
DESCRIPTION OF WORK TASK			
Description of work task:			
RISK ASSESSMENT			
Personal Protective equipment (face, hands, feet, body):			
Step-by-Step SAFETY procedures:			
Control methods used to restrict interaction with others:			
Steps for sanitation & cleanliness (hands, tools, hard surfaces contacted):			
RECOGNIZED JUSTIFICATION			
Does the work require employees to be closer than 6 feet of one another?	Why?		
Can work be postponed?	If not, why?		
Is the work justified, to prevent interruptions to life support equipment, emergency alarm systems, or hazardous location ventilation equipment?			
EMPLOYEES PERFORMING WORK- initial to verify PTP/Pre Job Briefing is complete			
Name:	Initials:	Name:	Initials:
Name:	Initials:	Name:	Initials:
APPROVAL TO PERFORM WORK			
Print Name	Signature	Date	
Person Requesting:			
Project Manager:			
Project Executive:			
Vice President:			
CMT Representative:			
EHS (Regional 4x4 Team):			
CUSTOMER/CLIENT APPROVAL			
Customer/client point of contact:			