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| \\ocotillo\users\jguy\My Documents\My Pictures\CAP Logo Vertical Color.png**SPECIAL WORK PERMIT** |
| SPECIAL WORK PERMIT NUMBER: | DATE: |
| FACILITY: | EQUIPMENT: |
| PURPOSE AND SCOPE OF THE WORK TO BE PERFORMED:  |
| SIMPLE LOCKOUT/TAGOUT PROCEDURE REQUIRED? [ ] YES [ ] NOIF YES, LIST ISOLATION DEVICE: |
| CC / SECP NO: \_\_\_\_\_\_\_\_\_\_\_\_ TRANSFER DATE: \_\_\_\_\_\_\_\_\_\_\_\_ ACKNOWLEDGED TRANSFER \_\_\_\_\_\_\_\_\_\_\_\_\_ CONTRACTOR’S AUTHORIZED REPRESENTATIVE AT SITE  |
| CC / SECP NO: \_\_\_\_\_\_\_\_\_\_\_\_ TRANSFER DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ ACKNOWLEDGED TRANSFER \_\_\_\_\_\_\_\_\_\_\_\_\_ CONTRACTOR’S AUTHORIZED REPRESENTATIVE AT SITE  |
| CC / SECP NO: \_\_\_\_\_\_\_\_\_\_\_\_  |
| The contractor is authorized to proceed with the work as designated above. Signature indicates that the undersigned have discussed the work to be performed, reviewed the details of the protection provided for adequacy and verified understanding of the placement of personal protective grounds and conditions of the working area.SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CAP JOB SUPERVISOR (LO/TO HOLDER)SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTRACTOR’S WORKPLACE REPRESENTATIVE (ISSUED TO)SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CAP REPRESENTATIVE AT SITE (ISSUED BY)DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME ISSUED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RELEASE OF SPECIAL WORK PERMIT** |
| Signature certifies that all protective grounds and devices have been removed, that all personnel are clear of the area, all personal locks have been removed, and work covered by this permit is complete.SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTRACTOR’S WORKPLACE REPRESENTATIVESIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CAP REPRESENTATIVE AT SITESIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CAP JOB SUPERVISOR (LO/TO HOLDER)DATE RELEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME RELEASED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |