SFSU SAFE WORK AUTHORIZATION FORM 

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| DATE :       TIME :       To:        | **Extended to: Date:****/ Time:** |
| Work Performed By: [ ] -SFSU Employee [ ] -Contractor Company name: | Permit Issuer (EH&S):       |
| Description of Work (be specific):       | Work Order or Job #      |
|  | Location (Bldg / Room):      |
| SFSU Supervisor or CPDC Project Manager:       | Building Coordinator:      |

**HAZARD IDENTIFICATION LIST *(Identify potential hazards Introduced with an I and Existing hazards of the area with an E)***

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| **Potentially Hazardous Energies** | **Air Quality** | **Work Environment** |
| [ ]  | Pneumatic | [ ]  | Low O2 (<19.5%) | [ ]  | High Temperature (heat stress..) |
| [ ]  | Hydraulic | [ ]  | Toxic Gas  | [ ]  | Low Temperature (frostbite..) |
| [ ]  | Kinetic (flywheels, pendulums, rotating shafts..) | [ ]  | Toxic Liquid | [ ]  | Over bright Illumination (glare..) |
| [ ]  | Potential (springs under tension, falling objects..) | [ ]  | Toxic Solid (asbestos, mold..) | [ ]  | Poor Illumination |
| [ ]  | Chemical (energetic materials, explosives… | [ ]  | Welding Fumes | [ ]  | Rotating Shaft  |
| [ ]  | Electrical (capacitors, power lines, batteries..) | [ ]  | Flammable Solvent Fumes  | [ ]  | In-running Nip Point |
| [ ]  | Radiation: IR / Laser / Microwave / UV / RF / EMF | [ ]  | Nuisance Odor | [ ]  | Cramped Work Space-Other Ergonomic Hazards |
| [ ]  | Ionizing Radiation | [ ]  | Nuisance Dust | [ ]  | High Noise, Impact Noise |
| [ ]  | Thermal (fire, heaters, cryogenic liquids, dry ice..) | [ ]  | Animal Allergens | [ ]  | Potential Engulfment (by gas, liquid or solid) |
|  | **ENVIRONMENTAL HAZARD LIST** | [ ]  | Emissions to Air  | [ ]  | Use of Ozone Depleting Substances |
| [ ]  | Generation of Hazardous Waste (contact site EHS) | [ ]  | Discharge to Storm-Process-Sanitary Drains | [ ]  | Potential Release of Hazardous Materials/ Oil |

**PERSONAL PROTECTIVE EQUIPMENT & SAFETY SYSTEMS *(check all that apply per hazards listed above or required for permit work)***

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| **Eye** | **Hand** | **Fire/Emergency** | **Special Protection** | **Respirator** |
| [ ]  | Safety glasses w/shields | [ ]  | Gloves-Leather | [ ]  | Fire Extinguisher | [ ]  | Continuous Air Monitoring | [ ]  | Dust mask |
| [ ]  | Goggles (chemical) | [ ]  | Gloves-Chemical | [ ]  | Fire Watch  | [ ]  | Low Voltage Lighting | [ ]  |  ½ face w/       Cartridge |
| [ ]  | Welding Hood | [ ]  | Gloves-Insulated | [ ]  | Water Hose | [ ]  | Barricades  | [ ]  | Full Face w/      Cartridge |
| **Ear** | **Body** | [ ]  | Drain/Sewer Cover | [ ]  | Warning Signs | [ ]  | Full Face w/ Supplied Air |
|  | Hearing Protection | [ ]  | Acid Suit/Slicker | [ ]  | Safety Shower | [ ]  | Air Mover / Fan | [ ]  | Full Face w/ PAPR |
| **LoTo** | [ ]  | Arc Flash Suit  | [ ]  | Eyewash | [ ]  | Bonding, Grounding | [ ]  | Self Contained Breathing Apparatus  |
| [ ]  | Lock, Tag, Try | [ ]  | Elect Safety Clothes | [ ]  | AED | [ ]  | Insulated Tools | **Communications** |
| [ ]  | Other | [ ]  | Disposable Coverall | **Fall Protection** | [ ]  | Rubber Mat | [ ]  | Working Phone Nearby |
| **Head** | [ ]  | Apron, Lab Coat | [ ]  | Full body harness | [ ]  | Nitrogen Purge | [ ]  | Working Emergency Radio  |
| [ ]  | Bump Cap | **Feet** | [ ]  | Lanyard / Lifeline | [ ]  | Scaffold Inspection | [ ]  | Evacuation / Exit Routes Discussed |
| [ ]  | Hardhat | [ ]  | Safety Shoes | [ ]  | Retrieval Equipmnt | [ ]  | Blinding | **Lab Requirements** |
| **Face** | [ ]  | Rubber Boots | [ ]  | Ladder | [ ]  | Blanking | [ ]  | Lab Gowning Requirements |
| [ ]  | Face Shield | [ ]  | Safety Boots | [ ]  | Manlift |  |  | [ ]  | Contamination Risk-contact w/ rodents? |
| **ENVIRONMENTAL** |  |  | [ ]  | Abatement Actions  | [ ]  | Sealable Containers / Labels | [ ]  | Drain covers/plugs/mats |

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| I have read, understood and agree that all work will be performed in accordance with the conditions stated on this Safe Work Authorization.  |  | **ARE ANY OF THE FOLLOWING PERMITS REQUIRED?** |
| **Work Crew Member / Company** | **Signature** |  | **1- Asbestos, Mold, & Lead Paint Related Work Permit** | [ ]  |
|       |       |  | **2- Confined Space Entry Work Permit** | [ ]  |
|       |       |  | **3- Crane Lift Permit** | [ ]  |
|       |       |  | **4- Energized Electrical Work Permit** | [ ]  |
|       |       |  | **5- Excavation Work Permit** | [ ]  |
|       |       |  | **6- Gas or Liquid Handling System Impairment Permit (Line Break)** | [ ]  |
|       |       |  | **7- Hot Work Permit (Open Flame, Welding, Brazing, etc.)** | [ ]  |
|       |       |  | **8- Local Exhaust Ventilation System Impairment Permit** | [ ]  |
|       |       |  | **9- Radiography Permit** |  [ ]  |
|       |       |  | **10- Roof Access Permit** |  [ ]  |
|       |       |  | **11- Safety- Fire Protection-Security Systems Impairment Permit** |  [ ]  |
|       |       |  | **12- Scaffolding Permit** |  [ ]  |
|       |       |  | **13- Other -** |  [ ]  |

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| **WORK COMPLETION - verify that the work has been completed satisfactorily**  | **YES** | **NO** |
| **Has all hazardous waste, hazardous materials, recyclables, and trash been disposed of properly?** | **[ ]**  | **[ ]**  |
| **Verify that the work area is ready for unrestricted use: If work is completed.**  **[ ]  N/A** | [ ]  | [ ]  |
| **If work is not completed - describe the status of affected equipment & restrictions:**  |
| **Have tags been installed to prevent use? [ ]  N/A** |  [ ]  | [ ]   |
| **WORK AUTHORIZATION** | **WORK COMPLETION** |
| ***SFSU:*** | ***Print Name:***  | ***Work Crew Leader:*** | ***Print Name:*** |
| ***Date:*** | ***Signature:*** | ***Date:*** | ***Signature:*** |
| ***Work Crew Leader:*** | ***Print Name:*** | ***EH&S/ Project Manager:*** | ***Print Name:*** |
| ***Date:*** | ***Signature:*** | ***Date:*** | ***Signature:*** |

**SPECIAL COMMENTS:**

Completing the SFSU SAFE WORK AUTHORIZATION

* DATE AND TIME – Operational Shift
* EXTENSION (MAXIMUM 4-HOURS) –
1. For maintenance hold over work over production shift change, a SFSU SAFE WORK AUTHORIZATION may be extended four hours. The next shift Supervisor/Lead (incoming) shall authorize continuation by initialing on the SFSU SAFE WORK AUTHORIZATION and maintaining a copy in the field. The relief Area Owner /Supervisor/Lead shall review and revalidate the authorization activity and work status. The relief Supervisor/ Lead shall close the SFSU SAFE WORK AUTHORIZATION when the work is complete.

Note: The work does not have to stop during shift changeover provided the changeover is made at the job location.

1. A change in maintenance crew requires issuance of a new authorization.
2. Adding a maintenance person to an existing authorization is allowed provided the maintenance Supervisor and area Supervisor / Lead / Designee review the authorization requirements with the person and have them sign on to the authorization.
* WORK TO BE DONE BY – Specify employer.
* LOCATION – Be Specific. Identify the Room Number/Building/Equipment Number
* DESCRIPTION OF WORK – Be Specific and Comprehensive

WARNING: Ensure that multiple jobs with different hazards and safety precautions are not permitted using the same authorization. This can cause oversights and create a situation where the requirements do not match the work being performed. The Issuer will determine if each craft on a job shall have a separate SFSU SAFE WORK AUTHORIZATION.

Note: The Area Owner, Contractor Host and/or EH&S Department Representative should be consulted on any unusual or non-routine work or safety questions.

* PERSONAL PROTECTIVE EQUIPMENT (PPE) and SAFETY SYSTEMS. Check all that apply for the work to be performed.
* PERMITS REQUIRED: Identify Required Work Permits or Impairment Permits
* WORK AUTHORIZATION
	+ Authorized By –CPDC or Designate and Work Crew Leader
* Each person performing work under the authorization shall read and understand the authorization content before printing their name and sign-in and sign-out on the SFSU SAFE WORK AUTHORIZATION. Additional names may be added on a separate sheet of paper stapled or otherwise attached to the SFSU SAFE WORK AUTHORIZATION. Crew Leader is responsible for the crew safety.
* WORK CLOSURE – After the work is complete CPDC, EH&S and Work Crew Leader shall inspect the work and work area to verify the work is complete and the work area is free from hazard. EH&S and Work Crew Leader will each sign off, closing the SFSU SAFE WORK AUTHORIZATION.

The SFSU SAFE WORK AUTHORIZATION is valid unless any of the following events occur:

* + The work is completed,
	+ The time period on the authorization expires,
	+ Operating personnel determine that the authorization must be invalidated due to changing process conditions.
	+ An emergency occurs. (Note: SFSU’s SAFE WORK AUTHORIZATION remains in effect during drills and alarm testing).
* Work Crew Leader: An employee or Contractor responsible for a work crew performing project work or maintenance. In a work crew of one, that individual serves as the Work Crew Leader. Work crew leaders or their designee are responsible for completing the SFSU Safe Work Authorization Form associated with their planned work project activity.