

SFSU SAFE V	VC	)RK	<b>AUTH</b>	[0	RIZATIO	N]	<b>FORM</b>					STATE UNIV	ERSITY	
DATE: TIME: To:									Extended to: Date: Time:					
Work Performed By: □-S		Permit Issuer (EH&S):												
Description of Work (be sp		_	<del></del>		ctor Company name			Work Order or Job #						
					Location (Bldg / Room):									
SFSU Supervisor or CPDC			Building Coordinator:											
HAZARD IDENTIFICAT	ГΙΟ	N LIS	T (Identify pote	ntia	l hazards Introduced 1	with a	an I and Existing haza	rds of	the ar	ea wii	th an E)			
<b>Potentially Hazardous Ene</b>					Air Quality						onment			
Pneumatic				$\Box$	Low O2 (<19.5%)						perature (heat stress)			
Hydraulic  Kinetic (flywheels, pendulums, rotating shafts)					Toxic Gas Toxic Liquid						perature (frostbite) ht Illumination (glare	`		
Potential (springs unde				+	Toxic Liquid Toxic Solid (asbes	stos, r	nold)	_			nt Illumination (glare	)		
Chemical (energetic materials, explosives					Welding Fumes				Rota	ating S	Shaft			
Electrical (capacitors, p				_	Flammable Solven	nt Fur	mes				g Nip Point		. 1	
Radiation: IR / Laser / Ionizing Radiation	Mic	rowave	/UV/RF/EMI	+	Nuisance Odor Nuisance Dust				Cramped Work Space-Other Ergonomic Hazards High Noise, Impact Noise					
Thermal (fire, heaters,	cryc	genic li	auids, dry ice)	+	Animal Allergens				Potential Engulfment (by gas, liquid or solid)					
ENVIRONMENTAL				丁	Emissions to Air				Use of Ozone Depleting Substances					
Generation of Hazardo	ous V	Vaste (co	ontact site EHS)		Discharge to Storm-Process-Sanitary Drains			Potential Release of Hazardous Materials/ Oil						
PERSONAL PROTECTI	IVE	EQUI	PMENT & SA	AFF	ETY SYSTEMS (ch	eck a	all that apply per hazar	ds liste	ed abo	ve or	required for permit we	ork)		
Eye	H	and		Fi	ire/Emergency	S	pecial Protection				rator			
Safety glasses w/sshields	₩	_	es-Leather	╙	Fire Extinguisher	+	Continuous Air Mon		g	_	oust mask	C t i		
Goggles (chemical) Welding Hood	╁	Gloves-Chemical Gloves-Insulated			Fire Watch Water Hose	+	Low Voltage Lighting Barricades	ng	-	_	½ face w/ ull Face w/	Cartrio Cartri		
Ear	Be	Body			Drain/Sewer Cover	+	Warning Signs				ull Face w/ Supplied A		uge	
Hearing Protection		Acid Suit/Slicker			Safety Shower	Safety Shower A		<u> </u>		F	ull Face w/ PAPR			
LoTo	<u>Ļ</u>	Arc Flash Suit			Eyewash		Bonding, Grounding				elf-Contained Breathin	g Apparatı	us	
Lock, Tag, Try Other	⊬	Elect Safety Clothes Disposable Coverall			AED Fall Protection		Insulated Tools		-		munications Vorking Phone Nearby			
Head	$\vdash$	Apron, Lab Coat		Го	Full body harness		Rubber Mat Nitrogen Purge			_	Working Phone Nearby  Working Emergency Radio			
Bump Cap	Fe	eet			Lanyard /Lifeline		Scaffold Inspection				vacuation / Exit Routes		d	
Hardhat		Safety Shoes			Retrieval Equipment	I	Blinding		]	Lab Requirements				
Face Shield	╄		er Boots	⊢	Ladder	+	Blanking		_		ab Gowning Requirem		1 4-9	
Face Shield ENVIRONMENTAL	₩	Safety Boots			Manlift  Abatement Actions	Sealable Containers / Labels			1_	_	Contamination Risk-contact w/ rodents?			
	<u>_</u>			<u> </u>		<u> </u>	Sealable Containers	/ Lauc	1S	ν	rain covers / plugs / ma	ats		
I have read, understood and a the conditions stated on this S				form	led in accordance with		ARE ANY C	F TH	E FO	LLOV	WING PERMITS RE	QUIRED	?	
Work Crew Member / Company			Signature			4	1- Asbestos, Mold 2- Confined Space				elated Work Permit			
							3- Crane Lift Peri		/ *****	KIU				
						4- Energized Elect	trical V		Permit					
						4	5- Excavation Wo			4	T Downit ()	T - Dung		
										Impairment Permit (l Welding, Brazing, etc		k)		
						8- Local Exhaust Ventilation Syste						土		
							9- Radiography Permit							
						10- Roof Access P	ess Permit ire Protection-Security Systems Impairment Permit							
							12- Scaffolding Permit			curny	y Systems impanimen	t reriiii	_	
							13- Other -							
WORK COMPLETION -	veri	fy that 1	the work has be	een o	completed satisfactor	ily						YES	NO	
Has all hazardous waste, h	azar	rdous m	naterials, recycla	able	es, and trash been disp	posed	l of properly?							
Verify that the work area i											□ N/A			
If work is <u>not</u> completed - o				ted e	equipment & restricti	ions:							_ I	
Have tags been installed to	_							***		~ ~ > 1	□ N/A			
	OK	K AU II	Print Name:			110		WORK COMPLETION  Print Name:						
SFSU:				Signature:			Work Crew Leader:				Signature:			
Date:			Print Name:				Date:				Print Name:			
Work Crew Leader:			Print Name:			EI	EH&S/ Project Manager:			Print Name:				

Date:

Date:

## Completing the SFSU SAFE WORK AUTHORIZATION

- DATE AND TIME Operational Shift
- EXTENSION (MAXIMUM 4-HOURS) -
  - 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.

- 2. A change in maintenance crew requires issuance of a new authorization.
- 3. 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:

- o The work is completed,
- o The time period on the authorization expires,
- Operating personnel determine that the authorization must be invalidated due to changing process conditions.
- o 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.