

CHEMICAL WORK PERMIT

PERMIT DETAILS

Permit Number

Date Issued

Start Date and Time

End Date and Time

Location/Work Area

WORKER DETAILS

Name

Worker ID

Gender

Skillset

CHEMICAL WORK ACTIVITY DESCRIPTION

RISK ASSESSMENT

Has a risk assessment been conducted for the chemical work activity?

YES

No

DECLARATION

I hereby declare that I have:

1. Conducted a thorough inspection of the work area and identified potential hazards related to chemical work.	<input type="checkbox"/> YES	<input type="checkbox"/> No
2. Ensured all necessary precautions have been taken to mitigate risks associated with the use and handling of chemicals.	<input type="checkbox"/> YES	<input type="checkbox"/> No
3. Verified that all personnel involved in the chemical work activity have received appropriate training and possess the required skills.	<input type="checkbox"/> YES	<input type="checkbox"/> No
4. Confirmed that all relevant permits, licenses, and authorizations have been obtained for the chemicals involved.	<input type="checkbox"/> YES	<input type="checkbox"/> No
5. Verified that the work area is free from any potential hazards or risks associated with the chemical work activity.	<input type="checkbox"/> YES	<input type="checkbox"/> No

<p>6. Provided workers with appropriate personal protective equipment (PPE) for chemical work.</p> <p>PPE Checklist:</p> <p><input type="checkbox"/> Safety glasses/goggles</p> <p><input type="checkbox"/> Chemical-resistant gloves</p> <p><input type="checkbox"/> Chemical-resistant apron or suit</p> <p><input type="checkbox"/> Respiratory protection (if required)</p> <p><input type="checkbox"/> Safety footwear</p> <p><input type="checkbox"/> Other (specify) <input type="text"/></p>		
<p>7. Established a communication plan for emergencies related to chemical work.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>8. Conducted a final inspection before authorizing the chemical work activity.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>9. Communicated all necessary safety precautions to workers regarding the handling, storage, and use of chemicals.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>10. Confirmed that appropriate control measures are in place to prevent chemical spills, leaks, or releases.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>11. Ensured that workers are aware of the proper procedures for chemical spill response and cleanup.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>12. Verified that workers are trained in the safe handling, usage, and disposal of chemicals.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>13. Implemented a permit-to-work system, if required.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>14. Verified that workers have received proper training on chemical safety and emergency response procedures.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>15. Established and communicated an emergency response plan specific to chemical-related incidents.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No

DECLARATION

I hereby declare that all necessary precautions and safety measures have been taken, and I understand and accept the responsibility for the safe execution of the cold work activity described above.

Name, signature and date:

Approver 1

Approver 2

Approver 3