
HAZARDOUS WORK PERMIT

(To be used where no other permits apply)

Job Location: Bldg: _____ Dept: _____ Location: _____

Job Description:

Work to be done by: _____

Date Work is to begin: _____ Completion Date: _____ Time: _____

Nature of Hazard:

Precautions Required:

Signatures of Exposed Employees:

(date) _____
(date)

(date) _____
(date)

Supervisor: _____
Signature (date)

Manager: _____
Signature (date)

Safety Rep: _____
Signature (date)

*hazardous work permit should be posted at the job site