

In case of emergency call:
760-476-2202



GENERAL WORK PERMIT



Local regulatory requirements will govern if more stringent than those spelled out in this permit. The work governed by this permit must stop if the permit conditions are no longer met. This permit is only valid when all appropriate sections are completed and signed by the appropriate individuals up to and including Hand over (Section 4).

Section 1

General information

Permit Requester: (name & Company) On: (date)

Permit valid from: (date & time) To: (date & time; max.1 month)

Plant/ department/ area/ installation/ equipment:

Work description: Work order #: (if applicable).....

Has a documented risk control procedure been provided? Yes -Ref. of procedure:
 No - hazard identification and control will be documented by this permit

Impacted area(s):

Section 2

Scope of Work – Potential Hazards & Mitigations

2.A Will utility/facility services need to be accessed or isolated? NA – no utilities are present go to 2B

- | | | | | | |
|----------------|-----------------------------|------------------------------|------------------------|-----------------------------|------------------------------|
| Electrical | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Industrial Waste Drain | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Compressed Air | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Process Drain | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Water | <input type="checkbox"/> No | <input type="checkbox"/> Yes | HVAC | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Fire Safety | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Process Ventilation | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Sprinklers | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Chemical Line | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Steam | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Gas | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Other:

2.B Are secondary permits required? No – go to 2C

- | | | | | | |
|--------------------|-----------------------------|--|------------------------|-----------------------------|--|
| Hot Work | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... | Confined Space Entry | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... |
| Line Breaking | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... | Excavation/Trenching | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... |
| Lock out/Tag out | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... | Interlock Bypassing | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... |
| Critical Lifts | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... | Fire System Impairment | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... |
| Live Electrical | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... | Other: | | Date(s)..... |
| Working at Heights | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Date(s)..... | Other: | | Date(s)..... |

2.C Potential hazards while performing your job/task (check all that apply + add additional hazards)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1.Asbestos exposure | <input type="checkbox"/> 10.Slips, Trips, Falls | <input type="checkbox"/> 19.Contact to live electrical parts | <input type="checkbox"/> 28.Difficult access to area |
| <input type="checkbox"/> 2. Active pharma. ingredients exp. | <input type="checkbox"/> 11.Fall from heights | <input type="checkbox"/> 20.Stored energy (pressure, ...) | <input type="checkbox"/> 29.Adverse weather conditions |
| <input type="checkbox"/> 3.Chemical exposure (gas,liquid,dust) | <input type="checkbox"/> 12.Dropped objects | <input type="checkbox"/> 21.Compressed gas cylinders | Others: |
| <input type="checkbox"/> 4.Explosion hazard | <input type="checkbox"/> 13.Caught by/between | <input type="checkbox"/> 22.Flammable/combustible material | |
| <input type="checkbox"/> 5.Ionizing radiation exposure | <input type="checkbox"/> 14.Struck by/against | <input type="checkbox"/> 23.Waste hazard | |
| <input type="checkbox"/> 6.Non ionizing rad. (UV, IR, Magnetism) | <input type="checkbox"/> 15.Mobile equipment hazard | <input type="checkbox"/> 24.Spill hazard | |
| <input type="checkbox"/> 7.Noise exposure | <input type="checkbox"/> 16 Handling hazard | <input type="checkbox"/> 25.Pollution hazard (in soil, water, air) | |
| <input type="checkbox"/> 8.Hot /cold environment/surface | <input type="checkbox"/> 17.Working alone | <input type="checkbox"/> 26.Hidden surfaces (cables in wall,...) | |
| <input type="checkbox"/> 9.Sharp objects/pinch points | <input type="checkbox"/> 18.Engulfment/drowning hazard | <input type="checkbox"/> 27.Hazard of insufficient lighting | |

2.D Hazard Mitigation (Where hazards from the above exist, mitigation of the hazard must be done prior to starting work)

#	Hazard #	Control Measures to reduce Risks
1		
2		
3		
4		
5		
5		
7		
8		

Note: Further hazard identification and risk assessments to be detailed in additional pages; attach to permit as needed.

Section 3 Authorization and Acceptance

PTW Supervisor/Subject Matter Expert (SME)

I give authorization for the described work to proceed per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled.

Name & Company: Phone: Signature: Date:

Additional requirements:

JSA or Safe-Plan-of-Action or Work Instruction mandatory for activity(s) :

Person in Charge

I confirm that person(s) carrying out the work has the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures to the person(s) carrying out the work and have ensured these person(s) have received site orientation and general emergency procedures. It is safe to perform the work as defined above.

Name & Company: Phone: Signature: Date:

Persons Carrying Out the Work Person in charge is sole person carrying out the work (no extra signature required)

I acknowledge that the permit conditions are explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign.

Persons carrying out the work have signed on the documented risk control procedure (check if applicable)

Name & Company: Signature: Name & Company: Signature

Section 4 Hand-Over (Start of Work)

Area owner

I have reviewed the plan(s) to complete the described work and I am satisfied that all isolations are completed and the hazards associated with this work will be controlled. I have checked the area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization for the described work to proceed as per the conditions of this permit.

- I have informed all affected System owners Yes NA
- I have informed all affected Area Owners Yes NA
- I have informed all affected Employees Yes NA

Name & Company: Phone: Signature: Date:

Section 5 Hand-Back (End of Work)

Person in Charge

All activities associated with this permit to work have been completed and the area has been left in a safe, clean and tidy condition

Name & Company: Signature: Date:

Area owner

I have verified, through in place inspection, that the activities associated with this permit have been completed, all appropriate isolations are removed and the area has been left in a safe, clean and tidy condition.

Name & Company: Signature: Date:

Section 6 Extension of Validity

Permit extension until (date & time, max 1 month/extension): PTW Supervisor/SME or designee Name: Signature: Area owner Name: Signature: Person in Charge Name: Signature:

Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work.

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS