


In case of emergency call:  **760-476-2202**

LINE BREAK 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

This permit is linked to:

General Work Permit No. _____

No:

Risk assessment method statement (RAMS)/JSA No. _____

No:

Work Order or/ and Equipment Specific Procedure number: (if applicable).....

Line Breaking Permit Requested by: On: (date)

Line Breaking Permit valid from: (date & time) To: (date & time – maximum 1 week)

Plant/ department/ area/ installation/ equipment:

Work description:

.....

.....

.....

.....

Section 2 Scope of Work – Potential Hazard & Mitigations

Minimum PPE requirement of Face Shield with Fixed Chin Guard and Safety Glasses for all Line Break activities

Has line break point been clearly identified and marked in the field? Yes Reference No.: _____ No - Do not continue

Describe line cleaning method:

Mark applicable fluid used: Water Steam Nitrogen Air Other:

Specific chemicals used for cleaning/flushing No Yes - Describe below

Has line break point been purged, cleared of material, or inerted? Yes No -refer to following question)

Name of last known substance in this line?

.....

.....

Have chemical hazards of last known substance in this line been reviewed and taken into consideration? Yes - Continue No - Do not continue

Are there any residual concentrations in the line? No Yes Sampling results available? No Yes - Attach

If last known substance in line was flammable, what is LEL? If toxic, what is TLV?

Is there a risk of flammable vapors and/or low oxygen and has this been taken into consideration? Yes (Continue) No (Do not continue)

Has line been depressurized? Yes No - Do not continue

Previous pressure (PSI/Bar) Current pressure (PSI/bar)

Have other lines been isolated so as to prevent inadvertent damage? Yes Reference No.: No N/A

Have equipment/lines in the isolated area been locked out, tagged out, and verified? Yes - Isolation point ID.:

Have proper controls been put in place pursuant to existing JSA, PHA, or risk assessment? Yes - Continue No - Do not continue

Have risks from stored potential energy of pipework been considered in the risk assessment? (for example line spring, level change, gravity effects, sliding, dropping, etc.) when a flange, fitting or support is loosened: Yes - Continue No - Do not continue

No other work is allowed in the immediate area of the line break

Have the following been considered in the risk assessment:

- Ventilation Isolation Barriers Spill kit present
- Rescue Team for High Hazard Operations Emergency Eyewash/Shower Hot Work Permit
- Presence of asbestos?
- PPE (Details required):
- Second person/standby required for lone worker:

Name: _____

Phone: _____

Signature _____

Date & Time: _____

Section 3 Authorization and Acceptance

PTW Supervisor/subject matter expert or authorized designee

I give authorization for the described work to proceed as 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 & Time:

Additional requirements:

Person in Charge

I confirm that Person(s) Carrying Out the Work have 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 with 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 & Time:

Person Carrying Out the Work Person in Charge is sole Person Carrying Out The Work (no extra signature required)

I acknowledge that the permit conditions have been 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 (Safe Plan of Action) (check if applicable)

Name & Company: Phone: Signature: Date & Time:

LEL Measurements:

ID of LEL Detector: Date of Calibration: Date of Bump Test:
Time: LEL: % O2: %
Name: Signature: Date:

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
I have informed all affected Area Owners
I have informed all affected Employees

Name & Company: Phone: Signature: Date & Time:

Section 5 Hand Back (End of Work)

Person in Charge

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

- Has line break tag been removed?
Are all guards, handrails, covers, etc., put back in place?
Are all bolts in place and secured properly?
Is electrical bonding reinstated?
All personnel and tools, etc., removed?
Have all LOTO items been removed?
Are all personnel out of "line of fire" when starting the equipment?
Has line been pressure or leak tested?

Name & Company: Phone: Signature: Date & Time:

