

CONTRACTOR SAFETY & ENVIRONMENTAL WORK PERMIT



| Instructions & Contractor Information | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|-----|---------|---------------|
| Complete each section in its entirety. Contractors will not be permitted to commence work on site until this Work Permit is approved by thyszenkrupp rothe erde USA Inc. Representative. Permit is valid for 7 days. thyszenkrupp rothe erde USA Inc. Representative/Project Coordinator to validate work permit daily. Field audit/site inspection is required. | | | | | | | |
| Work Location / Eqt. ID: _____ | | Start Date: _____ | | | | | |
| Company Name: _____ | | Start Time / Duration: _____ / _____ | | | | | |
| Supervisor Name/Title: _____ | | Building Service Interruptions? | | | | | |
| Supervisor Phone No.: _____ | | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Domestic Water | | | | |
| Certificate of Insurance Expiration Date: _____ | | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Protection System | | | | |
| | | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Other _____ | | | | |
| Brief Description of the Work to be Completed : | | Specify Main Tasks associated with this job: | | | | | |
| | | 1) _____ | | | | | |
| | | 2) _____ | | | | | |
| | | 3) _____ | | | | | |
| Risk / Hazard Assessment – List potential hazards associated with this job and how they will be eliminated or controlled. | | | | | | | |
| 1) _____ | List the highest potential risk for serious injury here | 1) _____ | List controls / actions taken to eliminate risk here | | | | |
| 2) _____ | | 2) _____ | | | | | |
| 3) _____ | | 3) _____ | | | | | |
| 4) _____ | | 4) _____ | | | | | |
| 5) _____ | | 5) _____ | | | | | |
| Emergency Preparedness | | Emergency Contact / Phone No.: | | | | | |
| Nearest Emergency Exit/Route? _____ | | Nearest Tornado Shelter Location? _____ | | | | | |
| Emergency Evacuation Location? _____ | | Nearest Eyewash/Safety Shower? _____ | | | | | |
| PPE Requirements (Check all that apply) | | Fall Protection required? Yes / No (Initial) | | Lockout / Tagout required? Yes / No (Initial) | | | |
| <input type="checkbox"/> Safety Glasses w/side shields | <input type="checkbox"/> Welding Helmet | <input type="checkbox"/> Detailed Fall Protection plan for work task(s)? | | <input type="checkbox"/> All contractors trained / authorized? | | | |
| <input type="checkbox"/> Steel toed work boots | <input type="checkbox"/> FR / Arc Flash PPE | <input type="checkbox"/> Personal FP equipment available? | | <input type="checkbox"/> Every contractor has his/her own lock? | | | |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> FP systems inspected prior to use? | | <input type="checkbox"/> All personnel notified of lockout in area? | | | |
| <input type="checkbox"/> Hard Hat / Bump Cap | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Has anchorage point(s) been pre-determined? | | <input type="checkbox"/> LOTO Procedures reviewed with contractor? | | | |
| <input type="checkbox"/> Hand / Arm Protection | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Is there a communication/rescue plan in place? | | List Equipment to be locked out: | | | |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Contact prevented from next lower level? | | | | | |
| <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Other _____ | <input type="checkbox"/> All contractors trained /competent? | | | | | |
| Safe Job Planning (Must check Yes or N/A. Initial by Contractor signifies requirement understanding) | | | | Ye s | N/A | Initial | Actions Taken |
| 1) Did all contractors sign in upon entrance to facility? Sign-in required daily. | | | | | | | |
| 2) Will any TK owned equipment be used by contractors? Complete Equipment Loan Agreement | | | | | | | |
| 3) Will there be use of open flames / heat / spark producing equipment? Complete Hot Work Permit | | | | | | | |
| 4) Will use of cranes / hoists / forklifts / Aerial Lift / Scissor Lift be needed? Complete applicable Pre-operational checklist for the item(s). | | | | | | | |
| 5) All chemicals evaluated and approved for the work? Safety Data Sheets provided. | | | | | | | |
| 6) Will tasks be performed in a permit required confined space? (Sewers & under water tank) | | | | | | | |
| 7) Will tasks be performed on or near live electrical / high voltage? Follow all electrically safe work condition procedures, complete risk assessment and permit if necessary. | | | | | | | |
| 8) Are electrical extension cords, temporary wiring, or cord powered hand tools used? GFCI required. | | | | | | | |
| 9) Are barricades or safeguards needed to restrict unauthorized access or provide warning – lights, caution/danger tape, cones, or warning signs? | | | | | | | |
| 10) Rigging equipment needed? If so, has it been inspected and adequate for task? | | | | | | | |
| 11) Will scaffolding be used? If so, has it been properly installed and inspected? | | | | | | | |
| 12) Ladders needed for task(s) in good repair, inspected and properly used? | | | | | | | |
| 13) Have all proper tools/equipment been identified, inspected and for intended use? | | | | | | | |
| 14) Are there housekeeping issues that need addressed prior to the work? | | | | | | | |
| 15) Is there potential for slips, trips, or falls at floor level that need to be eliminated? | | | | | | | |
| 16) Will machine guarding be removed to perform work exposing points of operation, moving parts, or pinch points? | | | | | | | |
| 17) Are there concerns with lighting, extreme temperatures, or weather? | | | | | | | |
| 18) Environmental concerns such as release of air emissions, waste water, odors, potential spills, hazardous materials, waste generation? | | | | | | | |
| 19) Are methods required for minimizing waste, reducing emissions or preventing spills? | | | | | | | |
| 20) Environmentally related records anticipated as a result of the task(s)? | | | | | | | |
| 21) Is there ergonomic risk/potential for overexertion, repetitive motion, pushing/pulling, sprains, or strains, awkward postures that need reduced / eliminated? | | | | | | | |
| 22) Is there potential for line-of fire positioning while performing the work? | | | | | | | |

Permit Validation by thyssenkrupp rothe erde USA Inc. Rep authorizing work to begin. (All potential hazards have been identified, control plans/ by contractors.)

| | | | |
|-------------------------------------------------|-------------------|----------|------------|
| thyssenkrupp rothe erde USA Inc. Rep Signature: | Print Name/Title: | Phone #: | Date/Time: |
|-------------------------------------------------|-------------------|----------|------------|

Workers Present on Site

All workers present on site must sign below indicating that all potential hazards and controls have been identified with this job and is clearly understood by all workers. Workers must sign in each day that they are on site.

| Clearly Print Name | Daily Signature | | | | | | |
|--------------------|-----------------|-------|-------|-------|-------|-------|-------|
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| | | | | | | | |
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Daily Revalidation by thyssenkrupp rothe erde USA Inc. Representative

| Date | Initials | Date | Initials | Date | Initials | Date | Initials | Date | Initials | Date | Initials | Date | Initials |
|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|
| | | | | | | | | | | | | | |

Field Audit / Site Inspection

Auditor Name(s): _____ Date / Time: _____

Findings: _____ Actions Needed: _____ Actions Taken: _____

Post Job Assessment

Person(s) Completing Post Assessment: _____ Assessment Date/Time: _____

| Review Items Below (Must check Yes or N/A) | Yes | N/A | Actions Taken |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| 1) Did any incident (injury, property damage, near miss) occur during the task(s)? List all, notify project manager and follow incident investigation procedures. | | | |
| 2) Is all loaned equipment returned in the same condition? | | | |
| 3) All building interruptions have been restored? | | | |
| 4) Is work area cleaned and free of debris, tools, equipment, etc.? | | | |
| 5) Are all guards replaced where they had been removed? | | | |
| 6) All work permits completed and submitted to designated site contact? | | | |
| 7) All waste properly handled, labeled, manifested for disposal? | | | |

Work Permit Cancellation (Post assessment completed above, all applicable documentation provided by contractor, contractors off site)

| | | | |
|---------------------------------------------------------------|-------------------------------------------------|-------|--|
| Contractor Name / Title: | Contractor Signature: | Date: | |
| thyssenkrupp rothe erde USA Inc. Representative Name / Title: | thyssenkrupp rothe erde USA Inc. Rep Signature: | Date: | |

[For thyssenkrupp rothe erde USA Inc. Rep: This document must be displayed by contractor during work. Completed form pdf (both side) to contractor file directory]