

AUTHORIZATION No _____ / _____ / _____ / _____
no day month Org. Unit:

to perform particularly hazardous work
ORIGINAL/COPY*

Keep the original PERMIT at the work site!

NOTE: AUTHORIZATION TO BE COMPLETED BY THE AUTHORIZED SUPERVISOR OF THE ORGANIZATIONAL ENTITY COMMITTING THE WORK (landlord/facility host)

1. Place of work - organizational unit _____ site _____
unit, device, other: _____

2. Exact Scope of Work:

3. Permit valid: as of _____ hours _____ to _____ hours _____

4. Preparation of the unit, equipment, and work area was done as follows:

5. The electrical supply to the following equipment was interrupted and protected from accidental activation:

Name of the electrician: _____
Electrician's signature: _____ date _____ hours _____

6. A detailed briefing was conducted with the repair group personnel, in the presence of the repair group supervisor:

_____ (name of the repair group leader) _____ (signature)

Instructional topic:

- the type of hazards and the possibility of their occurrence from the facility/technological installation*) where the work will be carried out,
- requirements for the safe conduct of the work resulting from the specific nature of the facility/technological installation*) where the work will be carried out,
- purpose and scope of work
- how the workplace is prepared, what safety measures are in place
- proper behavior in emergency situations, evacuation methods and routes

Employee providing instruction: _____ (authorized representative of the Employer) _____ (name and surname) _____ (signature)

7. The work listed in item 1 and 2 should be conducted under the following conditions:

(The Permit writer is required to specify the conditions of the work necessary for the Contractor to meet, designed to:

- ensuring the safety of operating personnel and the safety of the production installation,
- securing the work site so that only authorized and properly instructed persons have access to the area where particularly hazardous work is carried out).

8. Protective measures for workers performing the work:

a) Personal protective equipment.

- | | |
|---|---|
| <input type="checkbox"/> protective clothing; type: _____ | <input type="checkbox"/> safety glasses; type _____ |
| <input type="checkbox"/> dust masks | <input type="checkbox"/> face shields |
| <input type="checkbox"/> gas masks | <input type="checkbox"/> ear protectors |
| <input type="checkbox"/> face mask with distance hose | <input type="checkbox"/> harness |
| <input type="checkbox"/> blowing air | <input type="checkbox"/> bungee cord |
| <input type="checkbox"/> other: _____ | |

9. The following employees operating the apparatus (installation), adjacent to the repair site of the work listed in the PERMIT were informed and received orders:

1) _____ (name and surname)	_____ (signature)	2) _____ (name and surname)	_____ (signature)
3) _____ (name and surname)	_____ (signature)	4) _____ (name and surname)	_____ (signature)

10. Air analysis was, was not*) necessary, I attach, do not attach*) results.

Type of analyses required:

oxygen content toxic substance content combustible substance content

Certificate No: _____

11. The following person was designated to provide substantive oversight of the work outlined in items 1 and 2, on the part of the business unit:

(first name and surname of employee assigned to supervise the work)

(signature of designated staff member)

12. The following person was appointed to directly supervise the work specified in item 1 and 2, on the part of the Contractor:

(first name and surname of employee assigned to supervise the work)

(signature of designated staff member)

13. I hereby confirm fulfilling the arrangements of items 1 - 10 (to be completed by the designated employee, in item 11, to supervise the work listed in items 1 and 2).

(first name and surname of employee assigned to supervise the work)

(signature)

14. I authorize the commencement of works

Brzeg Dolny, on:

(date)

(time)

(first and last name of authorization issuer)

(signature)

15. I received this AUTHORIZATION on:

_____ time: _____

(name of the repair group leader)

(signature)

16. Use respiratory protection when working inside equipment (duct, manhole, etc.) *).

I find it necessary to use respiratory protection when working inside the facility (duct, manhole, etc.).*)

I do not find it necessary to use respiratory protection when working inside the facility (duct, manhole, etc.).*)

(name of the repair group leader)

(signature)

Additional Notes:

17. Completion of work: The ongoing work was completed at (time): _____

(signature of the repair group leader)

(signature of employee supervising the work)

NOTE: The authorization must be completed in duplicate. The original, once signed, is given to the employee in charge of the repair group. Copies of issued "Authorizations" must be archived for a period of 1 month from the date of issuance.

*)delete as appropriate