



Ignition Source Control Permit

Required when air tools, electrical devices, or other potential ignition sources are introduced in areas where potential of combustible dust, flammable liquids, or gases exist. This permit is NOT to be used for gas or electric welding, open flames or activities covered under Hot Work.

Issue Date:	Time:	Expiration Date:	Time:
Department/Area:		Work Performed By:	
Description of task:			
Equipment Affected:		Other permits/procedure required:	
Permit Originator		Permit Coordinator:	

Potential Combustible dust, flammable liquids or gases: _____

Potential ignition sources:

- | | | |
|---|---|---|
| <input type="checkbox"/> Vehicle in restricted area | <input type="checkbox"/> Air Tools | <input type="checkbox"/> Electrical tools |
| <input type="checkbox"/> Open Electrical systems | <input type="checkbox"/> Battery operated tools | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Steel Tools | <input type="checkbox"/> Gas Powered Tools | |

Level 1: Required for air, electric and gas powered tools in all areas of facility, not defined as Level 1 or 3, outside maintenance shop.

Level 2: Required for air, electric and gas powered tools or other potential ignition sources where the potential exists for suspended combustible dusts, or flammable liquids or gases in a non-controlled area.

Level 3: Required for all work that may introduce ignition sources within a controlled area due to the presence of flammable liquids or gases.

Planned Completed (Fill in the blanks- N/A any that are not applicable to that task to be performed)

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Work area has been inspected. |
| _____ | _____ | 2. Atmosphere checked with gas detector, LEL monitor. Checked periodically or continuously? Circle One.

Initial meter reading: _____ Max 5% LEL/LFL Calibration Date: _____ |
| _____ | _____ | 3. Fire protection systems operable. |
| _____ | _____ | 4. No combustible or flammable material exposed. |
| _____ | _____ | 5. Fire watch to be provided during and for 30 minutes after operation. |
| _____ | _____ | 6. Fire watch supplied with and trained in the use of fire extinguishers/small water hose. |
| _____ | _____ | 7. No Level 3 line breaks in area. |
| _____ | _____ | 8. Work instructed clearly communicated with crew. |
| _____ | _____ | 9. Work crew safety/emergency procedures discussed. Facility Emergency # _____ |
| _____ | _____ | 10. All affected personnel notified. |
| _____ | _____ | 11. Other: _____ |

All planned items are completed, hazards have been identified and control methods have been implemented. I now authorize work to begin.

Date: _____ Time: _____ Permit Coordinator's Signature: _____

Title:

Approver(s) Signature:

Date:

Level 1: Shift Lead or Authorized Approver

Level 2: Production Supervisor or Plant Manager

Level 3: Safety Director

I, the receiver, understand the nature of the work authorized and the precautions that must be followed as specified in the permit.

Time started: _____ Time finished: _____

Job Completion Check

Work has been completed and a final inspection has been performed. Permit is cancelled and space is approved for normal use.

Equipment ready for normal operations?	Initial:	Date:
Area returned to normal operating condition?	Initial:	Date: