

WORK PERMIT no./.....									
Where will the work be performed? (Service station – name)				The permit applies to: date..... in the time from..... o'clock to..... o'clock					
Permit issued on:		Exact description of the activity:		1. extension: date..... in the time from o'clock to o'clock					
Contractor (company name):				2. extension: date..... in the time from o'clock to o'clock					
What activity are you going to perform?		What hazards result from this activity?		What measures need to be taken?					
Critical activities at the Service station (SS): <input type="checkbox"/> work with the risk of fire <input type="checkbox"/> work with the risk of explosion (Zone 0, 1, 2) <input type="checkbox"/> work/entry into closed/confined spaces (e.g. cleaning tanks) <input type="checkbox"/> excavation work <input type="checkbox"/> work at heights and above free depth <input type="checkbox"/> critical lifting, load handling (above technology, etc.) <input type="checkbox"/> ensuring energy (electrical, gravitational, etc.) <input type="checkbox"/> drilling works other activities - describe:		<input type="checkbox"/> objects falling from a height <input type="checkbox"/> fall of tools, stored raw materials, materials <input type="checkbox"/> cut <input type="checkbox"/> electric shock <input type="checkbox"/> burns <input type="checkbox"/> skin corrosion <input type="checkbox"/> slipping <input type="checkbox"/> tripping, falling <input type="checkbox"/> hitting <input type="checkbox"/> limb injury <input type="checkbox"/> entanglement into machines – converging point, rotating parts <input type="checkbox"/> hazard posed by released accumulated energy <input type="checkbox"/> hearing damage <input type="checkbox"/> eye injury <input type="checkbox"/> irradiation <input type="checkbox"/> heat stroke <input type="checkbox"/> frostbite <input type="checkbox"/> backfilling <input type="checkbox"/> intoxication, poisoning <input type="checkbox"/> burning <input type="checkbox"/> nausea <input type="checkbox"/> dehydration <input type="checkbox"/> suffocation <input type="checkbox"/> drowning <input type="checkbox"/> danger from pressure hoses <input type="checkbox"/> other:		<input type="checkbox"/> securing the power supply <input type="checkbox"/> disconnecting the equipment from the power supply <input type="checkbox"/> release of energy - empty, clean, rinse <input type="checkbox"/> release of energy - neutralise, support, short-circuit <input type="checkbox"/> natural, technical ventilation <input type="checkbox"/> (electrical) insulating tools, instruments <input type="checkbox"/> protection of electric power supply cables <input type="checkbox"/> use of an isolating transformer, 24 V lighting – tools <input type="checkbox"/> degreasing (environment, equipment parts) <input type="checkbox"/> shoring/sloping <input type="checkbox"/> fencing, lighting <input type="checkbox"/> covering the space against the spread of dust, waterproofing <input type="checkbox"/> attachment of warning signs or notices <input type="checkbox"/> safety cables on pressure hose connections <input type="checkbox"/> supervision <input type="checkbox"/> breaks <input type="checkbox"/> monitoring the atmosphere with a gas detector <input type="checkbox"/> work procedure of the executor (contractor) <input type="checkbox"/> electrical – professional qualification according to valid legislation <input type="checkbox"/> slinger, crane operator, work at height <input type="checkbox"/> operating chainsaws, working with poisons <input type="checkbox"/> other:					
Persons performing work activities	Name and surname	HSE card number or HSE training date	Signature	Name and surname	HSE card number or HSE training date	Signature			
Work group leader:									
Critical activities									
Work with the risk of fire and/or explosion *									
Issued in accordance with the decree of the Ministry of Interior of the Slovak Republic No. 121/2002 Coll. on fire prevention, as amended, and Regulation of the Government of the Slovak Republic No. 393/2006 Coll. on minimum requirements for ensuring occupational safety and health protection in an explosive atmosphere									
Persons performing work with a risk of fire and/or explosion									
Name and surname	Signature	Registration number of the welder's licence (in the case of welding)	Name and surname	Signature	Registration number of the welder's licence (in the case of welding)				
Preparation of equipment and space for work with the risk of fire and/or explosion									
<input type="checkbox"/> cleaning the equipment from flammable liquids		<input type="checkbox"/> rinsing the equipmenttimes		<input type="checkbox"/> isolating the equipment in another way:					
<input type="checkbox"/> the equipment must be inerted for..... hours		<input type="checkbox"/> ventilation of the equipment for hours		<input type="checkbox"/> other securing of the equipment:		<input type="checkbox"/> other securing of the space:			
<input type="checkbox"/> disconnecting the equipment from the electrical current		<input type="checkbox"/> isolating the equipment with blanks							
Measurement of air for breathability, toxicity and explosiveness				Based on the results of the measurement and assessment of the risk of fire/explosion, it is necessary to:					
Measured substance/value	Explosive limits %, Permissible concentration	Measured values					<input type="checkbox"/> sprinkle with water during work		
		1st measurement Date: Time:	2nd measurement Date: Time:	3rd measurement Date: Time:	4th measurement Date: Time:	5th measurement Date: Time:	<input type="checkbox"/> continuous measurement of the atmosphere		
Oxygen	min. 19%						<input type="checkbox"/> sufficient ventilation of enclosed spaces – natural or with the help of a fan designed for explosive atmospheres		
Explosiveness	max. 5% or 20% DMV						<input type="checkbox"/> covering – sewer plugs, fire blankets		
other:							<input type="checkbox"/> use of non-sparking tools		
other:							<input type="checkbox"/> suitable operational fire extinguisher		
Name, surname and signature of the person responsible for the measurement:				<input type="checkbox"/> inerting of enclosed spaces					
				<input type="checkbox"/> continuous ventilation of the space with an explosion-proof fan					
Fire Assistance Patrol (PHA) (at the same time, they are the persons responsible for supervising the execution of work in an environment exposed to the risk of explosion) and inspection of the workplace after the work is finished				<input type="checkbox"/> other:					
The following fire protection patrol is assigned to ensure the work	Leader/Member	Name and surname	Signature	Professional training and instruction carried out by		PAH equipment:	<input type="checkbox"/> fire extinguishers:	<input type="checkbox"/> other:	
							Inspection after completion of work is necessary:		
							Date and time:	Name and surname:	Signature:
							Date and time:	Name and surname:	Signature:
DECLARATION: I have personally seen, together with the lessee/with the lessee's representative, that the space, the equipment and the workplace are ready for the safe performance of work. I will ensure compliance with the established measures, as well as safe work procedures and regulations of SLOVNAFT, a.s. At the same time, I declare that all employees listed in this permit have valid training, professional qualification and the medical fitness necessary for the performance of the specified activity.									
Surname and signature of the working group leader				Surname and signature of the lessee/representative of the lessee					

* if you agree, mark the given square (☐) with a cross, or enter your own text, where possible

<p>Will you be working at heights? - requirements:</p> <p>Yes</p> <p><input type="checkbox"/> Will you work from a means of collective security (e.g.: from scaffolding/platform)?</p> <p><input type="checkbox"/> Is safe access at height ensured?</p> <p>Personal security</p> <p><input type="checkbox"/> Is the harness visually inspected and satisfactory (no visible damage)? Is the supervision of the worker working at height ensured?</p> <p><input type="checkbox"/> Are there any safety devices available for the harness (e.g. ropes, double lanyard, pulley, spring hook)</p> <p><input type="checkbox"/> Has the head of the working group determined the place of safety means attachment? (e.g. anchor point at the place of work)</p> <p>Ladder</p> <p><input type="checkbox"/> Is the ladder undamaged?</p> <p><input type="checkbox"/> Is the ladder secured against slipping (e.g. by a person, technical stopper, anti-slip mat)?</p>	<p>Work on the roof</p> <p>Yes No</p> <p><input type="checkbox"/> Will a fixed barrier be used for fall protection?</p> <p><input type="checkbox"/> Will the access to the roof of the workplace be fenced off with warning tape or chain link? (It must be at least 1.5 m from the edge of the roof/fall or openings)</p> <p><input type="checkbox"/> Will personal fall protection be used? (if Yes, fill in the point "Personal security" under General requirements)</p> <p><input type="checkbox"/> Will the roof be loaded with more than 150 kg/m2 during work? (if so, an individual assessment of the load-bearing capacity by a structural engineer must be prepared)</p> <p>Mobile lifting platform</p> <p>The inspection of the Contractor's mobile lifting platform is valid until</p>
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Enclosed spaces (UP)					
Workplace security	Yes	No	Security	Yes	No
Energies secured	<input type="checkbox"/>	<input type="checkbox"/>	Is a worker entering the UP equipped with: full body safety harness?	<input type="checkbox"/>	<input type="checkbox"/>
Pipes are disconnected/blinded	<input type="checkbox"/>	<input type="checkbox"/>	Personal detector with at least two sensors – oxygen, explosiveness?	<input type="checkbox"/>	<input type="checkbox"/>
The UP is emptied and cleaned	<input type="checkbox"/>	<input type="checkbox"/>	Suitable PPE – to be specified in the PPE section,	<input type="checkbox"/>	<input type="checkbox"/>
The UP is cooled to the required temperature	<input type="checkbox"/>	<input type="checkbox"/>	Is the supervision of the worker in the UP ensured?	<input type="checkbox"/>	<input type="checkbox"/>
Forced ventilation in the UP	<input type="checkbox"/>	<input type="checkbox"/>	Is appropriate communication ensured between the supervisor and the worker in the UP?	<input type="checkbox"/>	<input type="checkbox"/>
Natural ventilation of the UP	<input type="checkbox"/>	<input type="checkbox"/>	Is it necessary to use a self-contained breathing apparatus?	<input type="checkbox"/>	<input type="checkbox"/>
Safe zone defined (railing, tape, other barrier...)	<input type="checkbox"/>	<input type="checkbox"/>	if not, how is a breathable atmosphere in the UP provided, specify.....	<input type="checkbox"/>	<input type="checkbox"/>
Constant presence of rescue units	<input type="checkbox"/>	<input type="checkbox"/>	Does the worker have non-sparking tools?	<input type="checkbox"/>	<input type="checkbox"/>
Provision of evacuation – tripod, other:.....	<input type="checkbox"/>	<input type="checkbox"/>			
Continuous measurement of the atmosphere is ensured:	<input type="checkbox"/>	<input type="checkbox"/>			

Excavations and openings					
	Yes	No	Lifting loads	Yes	No
			Load weight kg		
Are the lines identified?	<input type="checkbox"/>	<input type="checkbox"/>	Will the load-carrying capacity of the slings be sufficient to lift the transported load?	<input type="checkbox"/>	<input type="checkbox"/>
Will shoring or sloping be used (from an excavation depth of 1.2 m)?	<input type="checkbox"/>	<input type="checkbox"/>	Are the slings intact and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a safe entrance to the excavation?	<input type="checkbox"/>	<input type="checkbox"/>	Are all hooks equipped with safety flaps?	<input type="checkbox"/>	<input type="checkbox"/>
Will the danger zone of the construction machine be defined?	<input type="checkbox"/>	<input type="checkbox"/>	Will the load impact zone be reevaluated?	<input type="checkbox"/>	<input type="checkbox"/>
Will excavation fencing and fence lighting be provided? (reduced visibility)	<input type="checkbox"/>	<input type="checkbox"/>	Will the zone be secured? (surveillance, barrier)	<input type="checkbox"/>	<input type="checkbox"/>
			Will the load be routed?		
			- by a guide rope	<input type="checkbox"/>	<input type="checkbox"/>
			- by a guide rod	<input type="checkbox"/>	<input type="checkbox"/>

Personal protective equipment (PPE)					
work clothes <input type="checkbox"/>	safety shoes with steel toe <input type="checkbox"/>	protective helmet <input type="checkbox"/>	hearing protection <input type="checkbox"/>	gloves <input type="checkbox"/>	
goggles <input type="checkbox"/>	full face shield <input type="checkbox"/>	full body safety harness <input type="checkbox"/>	respirator <input type="checkbox"/>		
mask/half mask with filter <input type="checkbox"/>	self-contained breathing apparatus <input type="checkbox"/>	antistatic work clothes <input type="checkbox"/>	reflective vest <input type="checkbox"/>		
gas detector <input type="checkbox"/>	other:				

In order to maintain work safety, I ordered the measures mentioned above to be carried out and I have personally checked – together with the representative of the Contractor – that the equipment and the workplace are ready for safe entry subject to compliance with the prescribed conditions.

Name, surname, signature of the head of the workplace (permit issuer).....mobile phone:

Name, surname, signature of the new head of the workplace (permit issuer).....mobile phone:

Authorisation of works and completion of works

The completion of work shall be notified to the person:

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(name, surname, contact)

Permission to start/hand over work activity/workplace Date: From.....to..... On behalf of the SS, the permit was issued/handed over by name/signature: On behalf of the Contractor, the permit was issued/taken over by name/signature:	Completion/takeover of work activity/workplace Date: ato'clock On behalf of the SS, the permit was issued/taken over by name/signature: On behalf of the Contractor, the permit was issued/handed over by name/signature:
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Additional statement of the safety technician/fire protection technician	
Name and surname:
Signature:
Statement: