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| ***Unique Identifier*** | **Work Description:** |  | | |
| **Expiry Period:** |
| Start Date | **Location:** |  | **Equipment:** |  |
| End Date | **Requester Name:** |  | **Company:** |  |

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| Reference Documentation (Safe Work Plan) | | | | | |
| Document | | Reference No. | Document | | Reference No. |
|  | Procedure  (e.g., Work Instruction, SOP, PRT) |  |  | Breaking Containment Certificate  (for all breaking of containment) |  |
|  | Job Risk Assessment  (for all permits) |  |  | Gas Test Log  (for breaking containment, hot work, or CSE) |  |
|  | Work Order  (for 1SAP Work Management tasks) |  |  | Hot Work Certificate  (for all hot work) |  |
|  | Isolation Certificate  (for when isolations are needed) |  |  | CSE Certificate  (for all CSE work) |  |
|  | SIMOPs Plan  (for when SIMOPs is involved) |  |  | CSE Risk Assessment  (for all CSE work) |  |
|  | Live Electrical Work Certificate  (for electrical work) |  |  | CSE Rescue Plan  (for all CSE work) |  |
|  | Ground Disturbance Certificate  (for brownfields ground disturbance) |  |  | CSE Entry Log  (for all CSE work) |  |
|  | SDS  (where hazardous materials are used) |  |  | (use for additional reference documents) |  |

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| Permit Authorization | | |
| I confirm that a Safe Work Plan has been established and attached to safely manage the hazards of the work scope. | | |
| Permit Authorizer Name (print): | Signed: | Date / Time: |

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| Permit Issuance and Acceptance | | |
| I confirm that I have reviewed the work location and Safe Work Plan with the Permit Holder, and that it is safe for work to commence. | | |
| Permit Issuer Name (print): | Signed: | Date / Time: |
| SIMOPs (countersign for all SIMOPs scenarios) | | |
| Ultimate Work Authority Name (print): | Signed: | Date / Time: |
| *I confirm understanding of the Safe Work Plan, commit to the controls and will STOP if work needs to extend beyond permit limits.* | | |
| Permit Holder Name (print): | Signed: | Date / Time: |

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| Permit Closure | | | |
| I confirm that all personnel are off the job and the work area has been left in a safe condition (e.g., tools, materials, equipment removed) | | Work Complete?  Yes       No | |
| Permit Holder Name (print): | Signed: | | Date / Time: |
| Permit Issuer Name (print): | Signed: | | Date / Time: |
| Ultimate Work Authority Name (print): | Signed: | | Date / Time: |

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| **Fill Out Appropriate Area Below (Suspend)** | **Fill Out Appropriate Area Below (Re-issue)** |
| We confirm that the site is secure and in a safe condition. | We confirm that requirements of the Safe Work Plan are in place to allow the work to safely recommence. |

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| 1. Permit Suspension | | |  | 1. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 2. Permit Suspension | | |  | 2. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 3. Permit Suspension | | |  | 3. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 4. Permit Suspension | | |  | 4. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 5. Permit Suspension | | |  | 5. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 6. Permit Suspension | | |  | 6. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 7. Permit Suspension | | |  | 7. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 8. Permit Suspension | | |  | 8. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 9. Permit Suspension | | |  | 9. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| Suspend Re-Issue Continuation | | | | | | | |
| **10. Permit Suspension** | | |  | **10. Permit Re-Issue** | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 11. Permit Suspension | | |  | 11. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 12. Permit Suspension | | |  | 12. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| 13. Permit Suspension | | |  | 13. Permit Re-Issue | | | |
| Holder Print/Sign | Date / Time: | UWA Initials | Holder Print/Sign | | Isolation Checked | Date / Time: | UWA Initials |
| Issuer Print/Sign | Date / Time: |  | Issuer Print/Sign | | Initials | Date / Time: |  |

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| Work Team Members | | | | | |
|  | | **Sign on job** | | **Sign Off job** | |
| Print Name | Company | Sign | Date/Time | Sign | Date/Time |
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| **Use continuation sheet for additional signatures** | | | | | |

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| Work Team Members (Continuation Sheet) | | | | | |
|  | | **Sign on job** | | **Sign Off job** | |
| Print Name | Company | Sign | Date/Time | Sign | Date/Time |
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