

Chemical Handling Work Permit

Site Operations

Permit No.	Enter permit number	Date Issued	
Site/Location	Enter site/location		
Department	Enter department	Supervisor	Enter supervisor name
Persons Involved	List names of involved personnel		

DESCRIPTION OF WORK

Describe the task involving chemical handling...

CHEMICALS TO BE USED

List all chemicals involved...

HAZARD IDENTIFICATION & CONTROL MEASURES

Describe hazards, safety controls/procedures...

PPE REQUIRED

Safety Glasses Gloves Face Shield Respirator Apron Other

WORK DURATION

Start Date/Time		End Date/Time	
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EMERGENCY MEASURES

State emergency procedures and nearest first aid kits, eyewash stations, etc.

Prepared By (Name & Signature)

Date:

Supervisor Approval (Name & Signature)

Date:

Safety Officer (Name & Signature)

Date: