

Chemical Handling Work Permit

Site Operations

Permit No.	<input type="text" value="Enter permit number"/>	Date Issued	<input type="text"/>
Site/Location	<input type="text" value="Enter site/location"/>		
Department	<input type="text" value="Enter department"/>	Supervisor	<input type="text" value="Enter supervisor name"/>
Persons Involved	<input type="text" value="List names of involved personnel"/>		

DESCRIPTION OF WORK

CHEMICALS TO BE USED

HAZARD IDENTIFICATION & CONTROL MEASURES

PPE REQUIRED

☐ Safety Glasses ☐ Gloves ☐ Face Shield ☐ Respirator ☐ Apron ☐ Other

WORK DURATION

Start	<input type="text"/>	End	<input type="text"/>
Date/Time	<input type="text"/>	Date/Time	<input type="text"/>

EMERGENCY MEASURES

Prepared By (Name & Signature)

Date:

Supervisor Approval (Name & Signature)

Date:

Safety Officer (Name & Signature)

Date: