

PRESSURE EXCLUSION ZONE PERMIT	Location Reference, Well Identifiers: _____
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Date Issued:	Service Order:	Permit Holder Issued To:
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WORK BEING PERFORMED INSIDE THE PRESSURE EXCLUSION ZONE
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- To identify, assess, document, control or eliminate hazards or to appropriately manage emergency situations.**
- Other**

HAVE THE FOLLOWING ISSUES BEEN ADRESSED	YES	NO	N/A
1. Has safe Access/Egress from the work area been identified?			
2. Has radio communication been established, is it defined and understood			
3. Has a JSA been completed and meeting held with the crew?			

LOCKOUT/TAGOUT PROTOCOLS NEEDED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Applying & Removal of Warning Devices (i.e. Locks and Tags): _____

Authorized Individual Name: _____ Title: _____ Time _____ AM/PM

ACTIVE PERMIT PARTICIPANTS AND PERMIT REQUIREMENTS SIGN OFF
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Print Name	Signature	Service Line

SITE SUPERVISOR

I certify that all required precautions have been taken and necessary equipment is provided for the work to commence in the area.

_____ Supervisor Print Name	_____ Supervisor Signature	_____ Date
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Note: This Permit shall be posted in the Datavan
 Note: This Permit is to be kept on file for a period of 5 years.