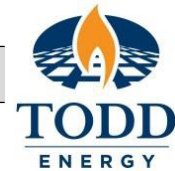


PTW Safety Checklist No. 17



USE OF STEEL WIRE BRUSHES / NEEDLE GUN'S / DRILL'S / IMPACT WRENCHES / SAWS

| | | |
|--|------------------------|--|
| Other Checklists that may be relevant: | | 18 , 27 , 70 |
| Permit Number: | | Date: |
| Rev 3.0 | Issue Date: 01/09/2020 | Authorised By: PSM |

NOTE: This checklist is intended for tools (air, electric or hydraulic) performing tasks such as air drilling, metal cutting, pipe sawing, air chisels, impact wrenches etc., where the nature of the task has the potential to create sparks or cause ignition.

If 230 volt electrical equipment is used. Checklist #18 MUST be used in conjunction with this Checklist

PRIOR TO PERMIT ISSUE:

- | | | Y | N | N/A |
|---|--|--------------------------|---|--------------------------|
| 1 | The work shall be discussed with the AT and all potentially affected instrumentation, safety trip devices, detectors etc., are to be protected from | <input type="checkbox"/> | | |
| 2 | Have the controls been documented in JHA in the event the activity breaches the integrity of live pipework, vessels, tanks, cables etc. List equipment at risk of damage. Detail length of drill, blade etc., and clearance from adjacent equipment. Equipment: _____ Tool length: _____ Clearance distance: _____ | | | <input type="checkbox"/> |
| 3 | Prior to removal or work on any wrap material consult the Asbestos Register. If the presence of asbestos is suspected, all work shall <u>cease</u> and a management plan confirmed with the SE Department. Kapuni Asbestos Register / McKee Asbestos Register | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4 | Confirm additional eye protection requirements with Permit Issuer. List below: _____ | <input type="checkbox"/> | | <input type="checkbox"/> |
| 5 | Use a safety chain connected to a solid structure when using a rotobroach on vertical / overhead surfaces. | <input type="checkbox"/> | | <input type="checkbox"/> |

WHEN USING BATTERY OPERATED EQUIPMENT:

- | | | Y | N | N/A |
|---|---|--------------------------|---|--------------------------|
| 6 | All equipment has been checked and found to be in good condition. | <input type="checkbox"/> | | |
| 7 | Batteries must not be left unattended in hazardous areas. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 8 | Batteries must have a specific gas test recorded when changing out from tool. | <input type="checkbox"/> | | <input type="checkbox"/> |