



LINE BREAKING PERMIT

Date: _____ Time: _____

***THIS PERMIT IS GOOD FOR THE DURATION OF THIS JOB
OR AS CONDITIONS WARRANT***

Location of Line: _____

Job Description: _____

Material Possibly in Line: _____

Line Size: _____ Type: _____

.....
SAFETY REQUIREMENTS

(Circle if required)

Rubber Boots	Chemical Goggles	Face Shield
Breathing Air	Chemical Gloves	Respirator
Fire Extinguisher	H2S/Cl2 Monitor	Chemical Suit/Hood
Other _____		

Is pipe supported/secured? YES NO NA

(PERSON DOING JOB IS RESPONSIBLE FOR OBTAINING PPE)

.....
Other Procedures That Apply (***Check if Applicable***)

Burn/Weld _____	_____	Vessel Entry
PSM _____	_____	High Work
Lockout _____	_____	Hot Tap

Operations Person doing work must initial Under Yes, No, NA

	Yes	No	NA
Valves closed, lock and tag.....	_____	_____	_____
Line drained/Depressurized.....	_____	_____	_____
Line purged or flushed.....	_____	_____	_____
Tracing turned off.....	_____	_____	_____
All pumps and starters locked out, tagged and tried.....	_____	_____	_____
Area roped off, signs posted.....	_____	_____	_____
Necessary blanks installed.....	_____	_____	_____
Vents to be opened to prevent possibility of air lock.....	_____	_____	_____
Nearest Safety Shower/Eye Wash working.....	Yes _____	Alternative (explain) _____	

Showed employee performing
work location of Shower/Eye wash..... Yes _____

**I certify that this line has been prepared in accordance with the
Line Breaking Procedure and is ready to be broken.**

Operations signature

TESTER _____

DATE/TIME _____

COMBUSTIBLE GASES OR VAPOR

(MUST BE 10% OR LESS TO BURN/WELD) _____ %

START-UP CHECKS	Yes	No	NA
Gasket in/Bolts tightened	_____	_____	_____
Lines connected	_____	_____	_____
Locks removed	_____	_____	_____

Maintenance signature required when work is completed

RETURN THIS PERMIT TO SAFETY WHEN COMPLETED