

TOXIC MATERIAL HANDLING PERMIT

Date:	Expires:	Extended To:
Location of Work (Please be specific)		
Description of Work		
Employees (names) 1. 2. 3. 4. 5. 6.	Training Current	Medical Approval
Pre-Job Conditions (contamination, safety factors, etc.)		
Required Controls		
Required Sampling		
Required Personal Protective Equipment		
Hygiene Facilities Needed		
Waste Disposal Instructions		
Special Instructions		
Approvals Division/Section ES&H Task Manager, Project Supervisor or Lead Technician		

