

TOXIC MATERIAL HANDLING PERMIT

| | | |
|--|---------------------|------------------|
| Date: | Expires: | Extended To: |
| Location of Work (Please be specific) | | |
| Description of Work | | |
| Employees (names) | Training Current | Medical Approval |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 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 | | |

TOXIC MATERIAL PERMIT LOG

