

**WEST VIRGINIA UNIVERSITY
FACILITIES MANAGEMENT
WORK AUTHORIZATION PERMIT**

PREPARATION FOR WORK

1. BUILDING	2. ROOM	3. SYSTEM	4. TMA EQUIPMENT #
5. TMA WORK ORDER #	6. REQUESTER (PRINT)		7. PHONE/RADIO#
8. JOB DESCRIPTION:			
		9. DATE WORK BEGINS:	10. DATE WORK ENDS:
11. POSSIBLE ALARMS OR NEGATIVE IMPACTS:			
12. LOCKOUT/TAGOUT REQUIRED?: <input type="checkbox"/> YES <input type="checkbox"/> NO SOP MG-0007 APPENDIX A COMPLETED?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
SYSTEM/COMPONENT IS LINED UP FOR WORK, A LOCKOUT/TAGOUT IS HUNG, VERIFIED AND SIGNED (IF REQUIRED)			
		TECHNICIAN/LEAD	DATE
13. EMERGENCY WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, REQUESTER'S MANAGER OR AD SIGNATURE REQUIRED)			
		MANAGER/AD	DATE
14. COORDINATION WITH BUILDING SUPERVISOR(S):			
		BUILDING SUPERVISOR	DATE
15. READY TO BEGIN WORK. (REQUESTER'S SUPERVISOR SIGNATURE REQUIRED)			
		REQUESTER'S SUPERVISOR	DATE

AUTHORIZATION TO WORK

16. ADDITIONAL CONDITIONS, RESTRICTIONS, CONCERNS:
17. DISCUSSED ITEMS FROM #16 WITH REQUESTER: _____ DATE _____ DATE _____ DATE _____
18. BUILDING CONDITIONS (E.G., DRAINED, DE-PRESSURIZED, DE-ENERGIZED) SET AND COMMUNICATION IS COMPLETE. REQUESTER IS AUTHORIZED TO START WORK.
MANAGER OF AFFECTED AREA _____ DATE _____

NOTIFICATION OF WORK COMPLETION

19. RESTRICTIONS/PRECAUTIONS/REMARKS:	
20. WORK IS COMPLETE	21. VERIFIED COMPLETE
REQUESTER _____ DATE _____	MANAGER _____ DATE _____

CHECK IF CONTINUED ON ANOTHER SHEET

Sheet _____