



## LEAD WORK PERMIT

### GENERAL INFORMATION

Location: \_\_\_\_\_

Leaded \_\_\_\_\_

Material: \_\_\_\_\_ Concentration: \_\_\_\_\_ Condition: \_\_\_\_\_

Area to be reoccupied: \_\_\_\_\_ Clearance sample by: \_\_\_\_\_

General Work Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lead/ particulate-generating operations: \_\_\_\_\_

\_\_\_\_\_

Monitoring Requirements: \_\_\_\_\_

Expected duration: \_\_\_\_\_ Dates: \_\_\_\_\_

### ENGINEERING CONTROLS

Local exhaust: \_\_\_\_\_ General Ventilation: \_\_\_\_\_

Wetting: \_\_\_\_\_ HEPA Vacuum: \_\_\_\_\_

Enclosure: \_\_\_\_\_ Drop Sheets: \_\_\_\_\_

Critical Barriers: \_\_\_\_\_ Glove Bag: \_\_\_\_\_

Other Engineering Controls: \_\_\_\_\_

Other Technology Considered: \_\_\_\_\_



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### PERSONAL PROTECTIVE EQUIPMENT

Respirator (type): \_\_\_\_\_

Coveralls: \_\_\_\_\_ Shoe Covers: \_\_\_\_\_

Gloves: \_\_\_\_\_ Safety Shoes: \_\_\_\_\_

Safety Eyewear: \_\_\_\_\_ Hard Hats: \_\_\_\_\_

### HYGIENIC CONTROLS

Change Area: \_\_\_\_\_ Shower facility: \_\_\_\_\_ Hand-wash Facility: \_\_\_\_\_

WORKER TRAINING (If necessary, attach the names of additional workers on a separate piece of paper.)

Name	ID Number	Training Expiration Date	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Industrial Hygienist: (approval) \_\_\_\_\_ Date: \_\_\_\_\_

This Lead Work Permit is good only for the work described. This form does not authorize work. Any change in scope, procedures, or personnel requires re-approval of the permit. Keep a copy of this permit at the job site. The EHS department and the supervisor should also keep a copy.