



GIANT MINE - GENERAL WORK PERMIT NUMBER: DCV001

A: General Information		
<ul style="list-style-type: none"> ✓ All sections of this form must be completed, checked and visually verified at the job site by the authorized permit issuer. ✓ General Work Permits can be written for up to a 28 day period and must be reviewed and signed by the permit issuer and permit receiver at the beginning of each shift as work is ongoing. ✓ General Work Permits not reviewed within a 72 hour period shall be immediately revoked. ✓ All General Work Permits are to be registered with the Det'on Cho Nuna Safety Department and a copy posted in the C-Dry. ✓ The field copy of this General Permit is to be posted at the work site along with any other Task Permits and pertinent documents. ✓ Attach additional information as required. In the applicable section below; identify to "SEE ATTACHED". 		
Location: <u>C-SHAFT HEADFRAME</u>	Company: <u>DELTA / CARRER</u>	Date: <u>SEPT 15/2015</u>
Work Description: <u>C-SHAFT HEADFRAME DECONSTRUCTION</u> <u>- DEMOLITION OF STRUCTURES</u> <u>- CONTAINMENT OF HAZARDOUS MATERIALS</u> <u>- ASBESTOS ABATEMENT</u>	Equipment Required: <u>336 TRAXX HOE, 950 WHEELED</u> <u>LOADER, WATER TRUCK</u> <u>120' MAN LIFT</u>	<input checked="" type="checkbox"/> LOW RISK
		<input type="checkbox"/> MEDIUM RISK
		<input type="checkbox"/> HIGH RISK

B: Hazard Assessment			
Material Hazards: <input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Arsenic <input checked="" type="checkbox"/> Asbestos <input type="checkbox"/> Chemical Contact <input type="checkbox"/> Combustible Gas <input type="checkbox"/> Cyanide <input type="checkbox"/> IDLH Atmosphere <input type="checkbox"/> Mercury/Lead <input type="checkbox"/> Molds and Fungus <input type="checkbox"/> Oxygen Deficient/Enriched <input type="checkbox"/> Other	Environmental Hazards: <input checked="" type="checkbox"/> Blowing Dust <input checked="" type="checkbox"/> Distractions <input checked="" type="checkbox"/> Ground Conditions <input checked="" type="checkbox"/> High Noise <input type="checkbox"/> Insects <input checked="" type="checkbox"/> Open Holes <input checked="" type="checkbox"/> Poor Lighting <input checked="" type="checkbox"/> Slip/Trip/Fall <input checked="" type="checkbox"/> Traffic/Road Conditions <input checked="" type="checkbox"/> Weather Conditions <input type="checkbox"/> Other	Equipment Hazards: <input checked="" type="checkbox"/> Buried Services <input checked="" type="checkbox"/> Fire/Flammables <input checked="" type="checkbox"/> High Voltage <input type="checkbox"/> Mechanical Hazard <input checked="" type="checkbox"/> Mobile Equipment <input checked="" type="checkbox"/> Overhead Lines <input checked="" type="checkbox"/> Pinch Points <input checked="" type="checkbox"/> Stored Energy <input type="checkbox"/> Thermal Burns <input type="checkbox"/> Welding Flash <input type="checkbox"/> Other	Process Hazards: <input checked="" type="checkbox"/> Awkward Position <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Heavy Lifting <input checked="" type="checkbox"/> Ladder Work <input type="checkbox"/> Line of Fire <input checked="" type="checkbox"/> Overhead/Crane Work <input checked="" type="checkbox"/> Repetitive Work <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Working Alone <input checked="" type="checkbox"/> Working at Heights <input type="checkbox"/> Other

C: CSA Approved PPE			
Basic: <input checked="" type="checkbox"/> Ear Muffs or Plugs <input checked="" type="checkbox"/> Gloves for Task <input checked="" type="checkbox"/> Hard Hat (side impact) <input checked="" type="checkbox"/> Reflective Vest <input checked="" type="checkbox"/> Safety Boots (6"min.) <input checked="" type="checkbox"/> Safety Glasses	Additional: <input type="checkbox"/> Boot Cleats <input type="checkbox"/> Face Shield <input checked="" type="checkbox"/> Muffs & Plugs(>110 dba) <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Other	Environmental: <input checked="" type="checkbox"/> Contamination Gear. <input checked="" type="checkbox"/> Disposable Coveralls <input type="checkbox"/> Respirator <input type="checkbox"/> Winter Boots <input type="checkbox"/> Arctic Wear <input checked="" type="checkbox"/> Rain Wear	Underground: <input type="checkbox"/> Cap Lamp <input type="checkbox"/> Rubber Boots <input type="checkbox"/> UG Belt <input type="checkbox"/> W65 <input type="checkbox"/> Other

D: Hazard Mitigation			
Task Permits Required: <input type="checkbox"/> Blasting & Explosives <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Crane and Hoisting <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Ground Disturbance <input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Working at Heights	Isolation Required: <input type="checkbox"/> Blind/Blank <input type="checkbox"/> Double Block and Bleed <input checked="" type="checkbox"/> Electrical Isolation <input type="checkbox"/> Hydraulic Isolation <input type="checkbox"/> Lock out Tag Out <input type="checkbox"/> Mechanical Isolation <input type="checkbox"/> Pneumatic Isolation	Equipment Required <input checked="" type="checkbox"/> 2-way Radio <input checked="" type="checkbox"/> Barricades <input type="checkbox"/> Emergency Shower <input checked="" type="checkbox"/> Eye Wash Station <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> First Aid Kit <input type="checkbox"/> Other	Documents Required <input checked="" type="checkbox"/> All Workers Site Orientation <input checked="" type="checkbox"/> Field Level Risk Assessment <input checked="" type="checkbox"/> Formal Risk Assessment <input checked="" type="checkbox"/> MSDS Posted and Reviewed <input checked="" type="checkbox"/> SOP / SWP <input checked="" type="checkbox"/> Training Certificates <input type="checkbox"/> All Documents Submitted

Additional/Other Information/Conditions: (identify additional; documentation, emergency contacts, equipment, hazards, specialized PPE, tools...etc...)



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ENR Emergency 873-7181	Environment 445-7566	Fire/Ambulance 873-2222	Medic 445-3285
Mine Super. 445-1655	Poison/Hospital 669-4111	Radio Channel Repeater	RCMP 873-1111
Safety Super. 445-2884	Security 445-5622	Security II 446-2642	Area Code 867-

E: Permit Sign Off (All conditions from section D: are being met)

	Name	Signature	Date
Permit Issuer:(Safety Officer)	Charles Nappa	[Signature]	Sept. 8/15
Safety Representative:	CLARE CRACK	[Signature]	SEPT 18, 2015
Permit Receiver:	CLARE CRACK	[Signature]	SEPT 18, 2015
Affected Parties*:			
Affected Parties:			
Affected Parties::			

*Note Affected Parties could be any other contractor or person who would be affected by work being done in the work area.

F: Permit Renewals (Including daily review of FLRAs)

Date	Permit Issuer	Permit Receiver	Time Start	Time Finish	Date	Permit Issuer	Permit Receiver	Time Start	Time Finish
1. Sept-18/15	[Signature]	ce.	7:00	19:00hrs	15.				
2. Sept-19/15	[Signature]	ce.	2:00	19:00hrs	16.				
3. Sept-20/15	[Signature]	ce.	7:00	19:00	17.				
4. SEPT 21/15					18.				
5.					19.				
6.					20.				
7.					21.				
8.					22.				
9.					23.				
10.					24.				
11.					25.				
12.					26.				
13.					27.				
14.					28.				

H: Permit Completion Sign Off

	Signature	Date	<input type="checkbox"/> Job Complete <input type="checkbox"/> Contractor has cleared site <input type="checkbox"/> Site condition is acceptable <input type="checkbox"/> Field copy returned to Issuer
Permit Issuer:			
Safety Representative:			
Permit Holder:			

