Attachment H - Principle Authorized Employee Form

TAR ENERGY ISOLATION
Principle Authorized Employee Form

DATE: _____

SHEET: _____ **OF** _____ **WORK PERMIT NO.:** _____

SHIFT: DAY ____ **NIGHT** _____ **TIME SURVEY CONDUCTED:** _____

I have reviewed this work permit and agree to ensure that all precautions/limitations are complied with.

Isolation Verification Survey Conducted and Approved By: _____ ☐ **Not Applicable**

Operations Rep. _____ **MPC Maintenance Rep.** _____

Contractor Foreman _____

JOB SIGN ON		
TIME (HRS)	SIGNATURES	COMPANY

JOB SIGN OFF		
TIME (HRS)	SIGNATURES	COMPANY

Printed copies should be used with caution. The user of this document must ensure that the current approved version of the document is used.