**Vessel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (DD-MONTH-YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This review is due on the first day of each month. Please complete and send this review along with the items below as **PDF** files to **HSE @ tdi-bi.com**.

**Monthly departmental cross audits 3 Most recent work permits**

**1 New Standard Job JSA and 1 Completed JSA for unplanned maintenance**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERMIT REVIEW** | **Permit 1** | **Permit 2** | **Permit 3** |
| Date created |  |  |  |
| NS5 record # |  |  |  |
| Does NS5 record state, “PERMIT COMPLETED AND FILED ON BRIDGE?” |  |  |  |
| Type of Permit (HW, EI, WH, CS) |  |  |  |
| All sections of form completed |  |  |  |
| JSA completed  |  |  |  |
| Authorized person signed |  |  |  |
| ALL persons doing work signed- **including contractors** |  |  |  |

**Complete the Appropriate Section below**

|  |  |  |  |
| --- | --- | --- | --- |
| **If still open:** | **Permit 1** | **Permit 2** | **Permit 3** |
| Is copy posted at work site? |  Yes / No | Yes / No | Yes / No |
| Is the permit still valid (not expired)? | Yes / No | Yes / No | Yes / No |
| **If continued from previous permit:** | **Permit 1** | **Permit 2** | **Permit 3** |
| Does previous permit have completed JSA? | Yes / No | Yes / No | Yes / No |
| Does current permit have signatures of all new workers Indicating they have read the previous JSA? | Yes / No | Yes / No | Yes / No |
| **If completed:** | **Permit 1** | **Permit 2** | **Permit 3** |
| Did authorized person sign the “Close” section? | Yes / No | Yes / No | Yes / No |
| Has copy been removed from work site? | Yes / No | Yes / No | Yes / No |

The new Standard JSA is for the task of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The unplanned maintenance JSA was for the task of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Sanitation Inspection completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NS5 WO #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(DD-MONTH-YYYY)**

|  |
| --- |
| **Comments, Questions, Suggestions:** |