



In case of emergency call:
 760-476-2202 

SAFETY BYPASS WORK PERMIT



Local regulatory requirements will govern if more stringent than those spelled out in this permit. The work governed by this permit must stop if the permit conditions are no longer met. This permit is only valid when all appropriate sections are completed and signed by the appropriate individuals up to and including hand-over (Section 4).

Section 1 (Permit Requestor Completes) General information

This permit is linked to:

- A General Work Permit **No:**
- An SOP or other written work instruction **Reference:**

Work Order or/ and Equipment Specific Procedure number: (if applicable).....

Permit Safety Bypass Requested by: (name) On: (date)

Permit Safety Bypass valid from: (date & time) To: (date & time; max. 1 month)

Plant/ department/ area/ installation/ equipment:

Work description (& safety feature/system/device to be by-passed):

Justify clearly why there is a need to 'Bypass the Safety feature/system/device(s)' to perform the work. **All other means must be exhausted:**

Impacted area(s):

Has a documented risk control procedure been provided? Yes -Ref. of procedure:
 No - hazard identification and control will be documented by this / General Work Permit

Section 2 (Permit Requester Completes) Scope of Work – Potential Hazards & Mitigations

Specific potential hazards while performing your job/task. Check all that apply; add hazards not included on General PTW. Identify all Energy Sources present (select all applicable):

Electrical Hydraulic Mechanical Pneumatic Stored:..... Thermal Pressure Steam

UPS Gravity Chemical **Other (please list):**

Specify Control Measures.....

Specify the safeguarding device operation.....

Access to the Work Area by unauthorized persons prevented By Signs/ Tags Barricades Attendants

Section 3 Authorization and Acceptance

PTW Supervisor/Subject Matter Expert (SME)

I give authorization for the described work to proceed as per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled.

Name & Company: Phone: Signature: Date:

Additional requirements:
 JSA or Safe-Plan-of-Action or Work Instruction mandatory for activity(s) :

Viasat Inc. site Person in Charge of Disablement or authorized designee

I accept authorization for the work described in this permit to proceed as per the conditions of this permit and I am satisfied that all the hazards associated with the work described in this permit are controlled. I will not disable or bypass safety features until Section 4 signatures below are completed. I have applied all warning signs/demarcation tape on the safety device and local control panel before disablement. I will attach a copy of the permit form to the disabled safety device (copy to be marked "copy only, not original").

Name & Company: Phone: Signature: Date & Time:

Person in Charge

I confirm that person(s) carrying out the work have the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures with the person(s) carrying out the work and have ensured these person(s) have received site orientation and general emergency procedures and emergency procedures. It is safe to perform the work as defined above.

Name & Company: Phone: Signature: Date & Time:

(General Work Permit number or Routine work order)

Person Carrying Out the Work Person in Charge is sole Person Carrying Out The Work (no extra signature required)
 I acknowledge that the permit conditions have been explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign.

Name & Company:	Phone:	Signature	Date & Time:
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.....
.....

Section 4 Hand-Over (Start of Work)

Area/ System owner/ EHS representative or authorized designee (Viasat Inc.)
 I have reviewed the plan(s) to complete the described work and I am satisfied that the hazards associated with this work are or will be controlled. I have checked the area(s)/system(s) where the work will be performed, and I have not observed issues which should prevent the work from proceeding. I have been trained on Safety Bypass and have read and understood the Safety Bypass standard operating procedure and have conducted a risk assessment. I give authorization for the described work to proceed as per the conditions of this permit (and JSA as applicable).

- Are the System owners and equipment users informed? Yes NA
- Are the Area Owners of possible affected area(s) informed? Yes NA

Name & Company:	Phone:	Signature	Date & Time:
.....

Section 5 Hand-Back (End of Work)

Viasat site Person in Charge of reactivation of Safety features or authorized designee
 Where required and instructed by Area/ System owner or authorized designee I have reactivated the safety features including interlock(s) and testing/validated these as applicable to check the correct operation of the reactivated safety device and performed a functional test as directed. I have removed all warning signs/demarcation tape from the safety device and local control panel after reactivation. I have returned the copy of the permit form affixed to the disabled safety device to the Area/ System owner.

Name & Company:	Phone:	Signature	Date & Time:
.....

Person in Charge
 All activities associated with this permit to work have been completed, all isolations are removed, and the area has been left in a safe, clean and tidy condition.

Name & Company:	Phone:	Signature	Date & Time:
.....

Area/ System owner
 I have personally verified in place that all activities associated with this permit to work have been completed and the area has been left in a safe, clean and tidy condition. I have verified in place that the temporary safety bypass has been reactivated safely. All safety systems including interlocks are fully operational, have been functionally tested as working safely as required and the equipment is now safe for normal LIVE plant operation.

Yes No – why not?

(if 'No' then approval is required Area/ System owner/ EHS representative or authorized designee before proceeding any further)

Name & Company:	Phone:	Signature	Date & Time:
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Section 6 Extension of Validity

I have verified that General Work Permit no. still applies, also when extension of validity of this permit is given.

	Site Expert (SME)	Area/ System owner	Person in Charge
Permit extension until (Date & time, max 1 month/extension)	Name:	Name:	Name:
	Signature:	Signature:	Signature:
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Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work."

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS