

# COLD WORK PERMIT



Permit No:								
Equipment Tag No.:	Location:							
Permit issued to section/department:								
Description of work:								
<b>Permit Validity</b>								
Date :	From: To:							
<b>Hazard Identification</b>								
Risk Assessment required and attached	Yes <input type="checkbox"/> No <input type="checkbox"/> No.:							
<b>Potential Hazards and Controls</b>								
Actions and controls:	Yes No							
Depressurizing	<input type="checkbox"/> <input type="checkbox"/>							
Draining	<input type="checkbox"/> <input type="checkbox"/>							
Adequate lighting	<input type="checkbox"/> <input type="checkbox"/>							
Safety tags and locks	<input type="checkbox"/> <input type="checkbox"/>							
Electrical isolation	<input type="checkbox"/> <input type="checkbox"/>							
Mechanical isolation	<input type="checkbox"/> <input type="checkbox"/>							
Exposure to moving/rotating machinery	<input type="checkbox"/> <input type="checkbox"/>							
Confined space	<input type="checkbox"/> <input type="checkbox"/>							
Fall protection	<input type="checkbox"/> <input type="checkbox"/>							
Actions and controls:	Yes No							
Stand by man	<input type="checkbox"/> <input type="checkbox"/>							
Ventilate properly	<input type="checkbox"/> <input type="checkbox"/>							
Warning notice	<input type="checkbox"/> <input type="checkbox"/>							
Potential flammable/explosive atmosphere	<input type="checkbox"/> <input type="checkbox"/>							
Potential high temperature	<input type="checkbox"/> <input type="checkbox"/>							
Potential high pressure	<input type="checkbox"/> <input type="checkbox"/>							
Potential exposure to hazardous materials	<input type="checkbox"/> <input type="checkbox"/>							
Excavation works	<input type="checkbox"/> <input type="checkbox"/>							
Use mobile crane	<input type="checkbox"/> <input type="checkbox"/>							
<b>Personnel Protective Equipment</b>								
Working Gloves Yes <input type="checkbox"/> No <input type="checkbox"/>	PVC Gloves Yes <input type="checkbox"/> No <input type="checkbox"/>							
Goggles Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear plugs Yes <input type="checkbox"/> No <input type="checkbox"/>							
Face shields Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas masks Yes <input type="checkbox"/> No <input type="checkbox"/>							
Other: (specify)								
Note: The basic PPE (safety shoes ,helmet and coverall) is mandatory								
<b>Other permits and certifications</b>								
Hot work permit Yes <input type="checkbox"/> No <input type="checkbox"/> No.:.....	Confined Space Yes <input type="checkbox"/> No <input type="checkbox"/> No.:.....							
Electrical work permit Yes <input type="checkbox"/> No <input type="checkbox"/> No.:.....	Excavation Yes <input type="checkbox"/> No <input type="checkbox"/> No.:.....							
Other: (specify)								
<b>Work authorization</b>								
Issuer	Performer							
Name:	Name:							
Emp.No.:	Emp.No.:							
Sign:	Sign:							
<b>Permit extension (if needed)</b>								
Date	From	To	Issuer Name	Emp.No.	Sign	Performer Name	Emp.No.	Sign
<b>Work permit closing</b>								
Work is :	Completed <input type="checkbox"/>	Stopped <input type="checkbox"/>	Cancelled <input type="checkbox"/>					
Performer Name	Emp.No.	Date/ time	Sign	Issuer Name	Emp.No.	Date/ time	Sign	

- I confirm that I have understood DWC safety rules and the restrictions they place on my work. I also confirm that my work will be carried out in accordance with best current trade practice and that all appropriate health and safety controls will be observed. I confirm that and understand the requirements
- This permit must be used in conjunction with the standard "General Works / Access permit" where the work involves exposure to hazards other than hot work and for access to the location
- Any change in the scope of work, details of circumstances and assumptions in this permit automatically revokes the permit. Such changes must be notified to the authoriser immediately
- The completion certificate MUST BE COMPLETED and returned to the authoriser on completion of the works