

COLD WORK PERMIT

Permit No: _____

Equipment Tag No.: _____

Location: _____

Permit issued to section/department: _____

Description of work: _____

PERMIT VALIDITY

Date : _____ From: _____ To: _____

HAZARD IDENTIFICATION

Risk Assessment required and attached Yes No

POTENTIAL HAZARDS AND CONTROLS

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"/> |

PERSONNEL PROTECTIVE EQUIPMENT

| | | | | | |
|------------------------|--|------------|--|--------------|--|
| Working Gloves | <input type="checkbox"/> Yes <input type="checkbox"/> No | PVC Gloves | <input type="checkbox"/> Yes <input type="checkbox"/> No | Face shields | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Goggles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear plugs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas masks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: (specify) _____ | | | | | |

Note: The basic PPE (safety shoes ,helmet and coverall) is mandatory

OTHER PERMITS AND CERTIFICATIONS

| | | | |
|------------------------|--|----------------|--|
| Hot work permit | <input type="checkbox"/> Yes <input type="checkbox"/> No | Confined Space | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electrical work permit | <input type="checkbox"/> Yes <input type="checkbox"/> No | Excavation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: (specify) _____ | | | |

WORK AUTHORIZATION

Issuer

Name: _____
 Emp.No.: _____
 Sign: _____

Performer

Name: _____
 Emp.No.: _____
 Sign: _____

PERMIT EXTENSION (IF NEEDED)

| Date | From | To | Issuer Name | Emp.No. | Sign | Performer Name | Emp.No. | Sign |
|------|------|----|-------------|---------|------|----------------|---------|------|
| | | | | | | | | |

WORK PERMIT CLOSING

Work is : Completed Stopped Cancelled

| Performer Name | Emp.No. | Date/time | Sign | Issuer Name | Emp.No. | Date/time | Sign |
|----------------|---------|-----------|------|-------------|---------|-----------|------|
| | | | | | | | |

- I confirm that I have understood DS 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 authorizer immediately
- The completion certificate MUST BE COMPLETED and returned to the authorizer on completion of the works.