

# COLD WORK PERMIT

## PERMIT DETAILS

Permit Number

Date Issued

Start Date and Time

End Date and Time

Location/Work Area

## WORKER DETAILS

Name

Worker ID

Gender

Skillset

## COLD WORK ACTIVITY DESCRIPTION

## RISK ASSESSMENT

Has a risk assessment been conducted for the cold work activity?

YES

No

## DECLARATION

I hereby declare that I have:

1. Conducted a thorough inspection of the work area and identified potential hazards.	<input type="checkbox"/> YES	<input type="checkbox"/> No
2. Ensured all necessary precautions have been taken to mitigate risks.	<input type="checkbox"/> YES	<input type="checkbox"/> No
3. Verified that all personnel involved in the cold work activity have received appropriate training and possess the required skills.	<input type="checkbox"/> YES	<input type="checkbox"/> No
4. Confirmed that all relevant permits, licenses, and authorizations have been obtained.	<input type="checkbox"/> YES	<input type="checkbox"/> No
5. Verified that the work area is free from any potential hazards or risks associated with cold work activities.	<input type="checkbox"/> YES	<input type="checkbox"/> No
6. Ensured proper isolation of the work area from unauthorized personnel.	<input type="checkbox"/> YES	<input type="checkbox"/> No

<p>7. Provided workers with appropriate personal protective equipment (PPE).</p> <p>PPE Checklist:</p> <p><input type="checkbox"/> Safety glasses/goggles</p> <p><input type="checkbox"/> Insulated gloves</p> <p><input type="checkbox"/> Thermal clothing</p> <p><input type="checkbox"/> Anti-slip footwear</p> <p><input type="checkbox"/> Respiratory protection (if required)</p> <p><input type="checkbox"/> Hearing protection (if required)</p> <p><input type="checkbox"/> Other (specify) <input type="text"/></p>		
<p>8. Established a communication plan for emergencies.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>9. Conducted a final inspection before authorizing the cold work activity.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>10. Communicated all necessary safety precautions to workers.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>11. Ensured that workers are aware of the signs and symptoms of cold stress and are prepared to respond accordingly.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>12. Confirmed that suitable measures are in place to prevent slips, trips, and falls due to icy or slippery surfaces.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>13. Verified that workers are aware of the proper procedures for handling and storing cold work equipment and materials.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>14. Implemented a permit-to-work system.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>15. Verified that workers have received proper training on cold work safety.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>16. Established and communicated an emergency response plan.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No

**DECLARATION**

I hereby declare that all necessary precautions and safety measures have been taken, and I understand and accept the responsibility for the safe execution of the cold work activity described above.

Name, signature and date:

Approver 1

Approver 2

Approver 3