

Health & Safety - Incident Prevention Strategies

HS-IPS 05-06.02

Cold Work Permit

1. Work Details	
Location of Cold Work:	
Names of Person/s conducting work:	
Description of Work:	
Prior to permitting the person(s) intending to perform cold work, management are to verify that the person(s) are adequately trained.	
2. Hazards and Risk Controls	
<p>Precautions to be Undertaken</p> <p>Tick the appropriate boxes:</p> <p><input type="checkbox"/> The Sprinkler System is in Service.</p> <p><input type="checkbox"/> Contractors have been approved according to the Contractor Management Procedure.</p> <p><input type="checkbox"/> Contractors have been inducted to the site and task specific requirements.</p> <p><input type="checkbox"/> Only cold cutting methods are used. No hot cutting, welding, or grinding of panels</p> <p><input type="checkbox"/> Confined spaces are to be checked for poisonous & flammable gases & dust & oxygen levels.</p> <p><input type="checkbox"/> Work location checked for hazardous areas.</p>	<p><input type="checkbox"/> Operating equipment is shut down and isolated (where appropriate)</p> <p><input type="checkbox"/> The work area is clean and free from debris and combustible or flammable materials/liquids.</p> <p><input type="checkbox"/> Notify other tenants and contractors of the intent to work.</p> <p><input type="checkbox"/> All tools and equipment checked by contractor for good condition</p> <p><input type="checkbox"/> Exposed foam core is resealed with non-combustible material at completion of work (ie, no exposed foam core)</p> <p><input type="checkbox"/> Adequate local fire fighting equipment (e.g. fire extinguisher or hose reel) available.</p> <p><input type="checkbox"/> Personnel have been trained in the use of fire fighting equipment and evacuation procedures</p>
Additional Risk Controls:	
3. Verification ✓	
All person(s) have received instruction in the Risk Assessment and/or Job Safety Analysis (JSA) for the work activity.	
All person(s) understand the potential risks involved in the work to be carried out.	
All person(s) understand the controls to be implemented.	
4. Authority	
Person Issuing Permit: Signature:	Person Receiving Permit: Signature:
Permit Valid from: Date: Time:	Permit Valid to: Date: Time:
5. Upon Completion of Work ✓	
All penetrations are sealed and no internal core is left exposed	
Waste material has been removed and disposed of safely	
8. Authority I accept that the work specified above in this permit has been completed.	
Person who Issued Permit: Signature:	Permit who Received Permit: Signature:
Date: Time:	Date: Time: