



DOHA PORT

COLD WORK PERMIT

SERIAL NO:

SECTION - 1 PERMIT APPLICATION DATE:

WORK ORDER NO:

Applicants Name: Address:

Location/Site:

Details:

.....

Type Of Work

<input type="checkbox"/> Painting (Spray/Brush/Roller)	<input type="checkbox"/> Plumbing/ Air condition maintenance	<input type="checkbox"/> Working at heights	<input type="checkbox"/> Breaking of wooden cases
<input type="checkbox"/> Loading & unloading cargo by mechanical device	<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Dismantling of Mechanical/Piping parts	<input type="checkbox"/> Excavation
<input type="checkbox"/> Chemical cleaning	<input type="checkbox"/> Demolition of buildings by heavy equipments.	<input type="checkbox"/> Erecting/Dismantling of Scaffold/equip/machine	<input type="checkbox"/> Others.

SECTION - 2 INSPECTION BY OPMC/PERMIT ISSUING AUTHORITY (Tick appropriate Boxes)

- I shall ensure that the below safety precautions/requirements are complied with before and during the work.
- Suitable Personal Protective Equipment (PPE) is used.
- Adequate ventilation and lighting is maintained.
- The work area and its surroundings are free from hot works, sparks, other heat sources and any potential hazards.
- Relevant safety signboards or signals are displayed at the work site.
- Other relevant permits issued.
- Coordinate with HSSE supervisor prior to starting work.
- Other.....

Name:..... Signature:.....
Date:..... Time:.....hrs.to.....hrs..... Staff/Qatar ID.No:..... Mobile:.....

SECTION - 3 EVALUATION & ENDORSEMENT BY HSSE SUPERVISOR (Tick appropriate boxes)

I have evaluated the hazards and the risks associated with the job and ensure that the work area is free of all potential hazards. I hereby certify that I have examined above stated location and found the following

<input type="checkbox"/> Safe To Work	Remarks:
<input type="checkbox"/> Not Safe To Work

Name:..... Signature:.....
Date:..... Time:.....hrs.to.....hrs..... Staff/Qatar ID.No:..... Mobile:.....

SECTION - 4 CONFIRMATION OF RESPONSIBILITY BY THE CONTRACTOR

I have noticed the location of work & the conditions stipulated and confirm that work will be carried out in accordance with safe working practices with all the safety equipment/ precautions and appropriate PPE. All personnel involved in the work have been briefed in a tool box talk and confirm that they understand the safe working practices & conditions.

Name:..... Signature:.....
Date:..... Time:.....hrs.to.....hrs..... Staff/Qatar ID.No:..... Mobile:.....



SECTION - 5 ACCEPTANCE BY PERMIT AUTHORITY/QPMC (2nd WORKING DAY ONLY)

I have agreed that the work condition is suitable for the work to be carried out.

Name:..... Signature:.....
Date:..... Time:.....hrs.to.....hrs..... Staff/Qatar ID.No:..... Mobile:.....

SECTION - 6 RECORD OF INSPECTION (HSSE SUPERVISOR)

At the end of six (6) days the work permit must be closed out. If work is still out standing a new cold work permit must be prepared.

Days	Working Hours	Renewal Date	Permit Validity	Name	Signature
1	Reg. Time				
	Over. Time				
2	Reg. Time				
	Over. Time				
3	Reg. Time				
	Over. Time				
4	Reg. Time				
	Over. Time				
5	Reg. Time				
	Over. Time				
6	Reg. Time				
	Over. Time				

SECTION - 7 WORK COMPLETION (TO BE COMPLETED BY CONTRACTOR)

SECTION - 8 WORK ACCEPTANCE (QPMC)

- Work Completed
- Work is not completed, out standing to continue
- Others

Name: Signature:
Date: Time: hrs.to.....hrs.. Staff/Qatar I.D.No: Mobile :

- Permit Closed
- New Permit Issued
- Others

Others _____

Name: Signature:
Date: Time: hrs.to.....hrs.. Staff/Qatar I.D.No: Mobile :