Logo	Cold Work Permit	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY
	QHSE Forms	Rev #: 00
	Organization Name	Page 1 of 3

	Permit Sr. #:						
1. General Information							
Project Name			Site Na	me			
Activity Location			Worke	r Name			
Permit Date		Permit Validity			Issued By		
2. Work Activi	ty and Tools Detail	s/Description	•				
2.1. Work Scope							
2.2. Tools & Equ	ipment List						
1			6				
2			7				
3			8				
4			9				
5			10				
3. Workers Cre	edentials						
a. Workers are trained to perform the job, they under the work associated hazards? Yes No							
b. Information and Toolbox Talk has been provided to the workers before start of job? Yes No							
c. Training certificates of the workers have been verified by the management? Yes No							
4. Work Relate	ed Hazards and Rel	evant Control Me	asures			•	
a. Risk Assessment and Job Safety Analysis has been performed relevant to the activity? Yes No					No 🗆		
b. Contractor has been approved for the work according to Contractor Management Procedure ?			re? Yes 🗌	No 🗆			
c. Contractors have been inducted on site and induction training has been delivered?			Yes 🗌	No 🗆			
d. Workers are authorized to perform the cold work activity only?			Yes 🗌	No 🗆			
e. Confined space testing will be done before entry if work is to be performed there?			Yes 🗌	№ □			
f. Any hazardous area is barricaded around cold work area & if needed equipment is shut down? Yes No					No 🗆		
g. Other workers are notified about the work activity and equipment shut down during work? Yes No					No 🗆		
h. Tools and equipment are checked before start of work and damaged ones are discarded? Yes No							
i. Emergency equipment are provided e.g., fire extinguisher, sprinkle system, first aid box etc.				Yes 🗌	No 🗆		
	Yes □ No □					No 🗆	
k. After work activity, the area is made clear of debris, flammable materials?				Yes 🗌	No 🗆		

Logo	Cold Work Permit	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY
	QHSE Forms	Rev #: 00
	Organization Name	Page 2 of 3

5. Other Control Measures							
6. Emergency Arrangem	nents						
Barricades	Yes 🗌	No 🗆	Safety Signs	Yes 🗌	No 🗌		
Fire Extinguisher	Yes 🗌	No 🗆	First Aid Box		Yes 🗌	No 🗆	
7. Emergency Contact D	etails						
Emergency Contact Details ava	ailable onsite with	reasonable comr	munication devices?		Yes 🗌	No 🗆	
Designation		Nan	ne	Conta	Contact Number		
8. Work Completion							
a. All the arrangements ma	a. All the arrangements made for activity are ensured to be secured? No No No No No No No No					No 🗆	
b. The area is sealed and upon being safe, opened for normal operation?					Yes 🗌	No 🗆	
c. All the equipment, tools, machinery is secured and removed from site? Yes				Yes 🗌	No 🗆		
9. Authorizing and Receiving Bodies Receiving Body				•			
Authorizing Person Name			Receiver Name				
Signature			Signature				
Issuing Date			Valid Till				
Date			Time				

10. Cancellation

I ensure that the above mention activity has been completed successfully and safely. The work area is free of hazardous material and tools and ready to be used for normal routine operation. The permit can be cancelled.

Downsit Issued Du	Downit Dossiyad Dy
Permit Issued By	Permit Received By
	· · · · · · · · · · · · · · · · · · ·

	Cold Work Permit	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY
Logo	QHSE Forms	Rev #: 00
	Organization Name	Page 3 of 3

Authorizing Person Name	Receiver Name	
Signature	Signature	
Issuing Date	Valid Till	
Date	Time	