	Permit to Work (Cold Work)	Ref. No: Date: Page **1** of **2**

1. Work Details
Location of Cold Work:
Names of Person/s conducting work:
Description/Scope of Work:
Before permitting the person(s) intending to perform cold work, management is to verify that the person(s) Are adequately trained.

2. Hazards and Risk Controls	
The Sprinkler System is in Service.	Notify other tenants and contractors of the intent to work.
Contractors have been approved according to the Contractor Management Procedure.	All tools and equipment are checked by the contractor for good condition.
Contractors have been inducted into the site and task Specific requirements.	The exposed foam core is resealed with non-combustible material at completion of work (i.e., no exposed form core.
Only cold cutting methods are used. No hot cutting, welding, or grinding of panels	Adequate local firefighting equipment (e.g., fire extinguisher or hose reel) is available.
Confined spaces are to be checked for poisonous & flammable gases & dust & oxygen levels.	Personnel have been trained in the use of firefighting equipment and evacuation procedures
Work location checked for hazardous areas and Operating equipment is shut down and isolated (where appropriate)	The work area is clean and free from debris and combustible or Flammable materials/liquids.
Additional Risk Controls:	

3. Verification	**Yes**	**No**
All person(s) has received instruction in the Risk Assessment and/or Job Safety Analysis (JSA) for the work activity.	☐	☐
All person(s) understands the potential risks involved in the work to be carried out.	☐	☐
All person(s) understands the controls to be implemented.	☐	☐

4. Authority			
Person Issuing Permit:		Person Receiving Permit:	
Signature:		Signature:	
Permit Valid from		Permit Valid to	
Date:		Date:	
Time:		Time:	

5. Upon Completion of Work	**Yes**	**No**
All penetrations are sealed and no internal core is left exposed	☐	☐
Waste material has been removed and disposed of safely	☐	☐

6. Authority I accept that the work specified above in this permit has been completed.			
Person who Issued Permit:		Permit who Received Permit:	
Signature:		Signature:	

Date:		Date:	
Time:		Time:	