COLD WORK PERMIT

1. Job Information

Job Title			
Work Description			
Work Location		**Department / Area**	
Equipment / Asset			
Planned Start Date & Time		**Planned Finish Date & Time**	

2. Personnel Involved

Role	Name	Signature
Requestor		
Super visor		
Permit Issuer		
Safety Representative		

3. Risk Assessment

☐ Risk Assessment Completed ☐ Toolbox Talk Conducted ☐ Work Area Reviewed

Comments:

4. Permit-Specific Safety Checklist (Cold Work)

☐ Work area is clear of slip, trip, and fall hazards
☐ Adequate lighting and ventilation are provided
☐ Hand tools/equipment inspected and in safe condition
☐ Hazardous energy sources isolated / LOTO applied
☐ Barricades, cones, or warning signs are in place
☐ Manual handling risks evaluated and mitigated
☐ Spill control measures established (if handling liquids)
☐ Escape routes and emergency exits are unobstructed

5. Required PPE

☐ Safety Helmet / Hard Hat ☐ High-Visibility Vest / Clothing ☐ Work Gloves (Cut/Impact resistant)
☐ Safety Glasses / Goggles ☐ Protective Footwear (Steel-toed) ☐ Hearing Protection (If required)

6. Additional Notes

Supervisor instructions, restrictions, or special precautions

7. Work Completion

- ☐ Work completed
- ☐ Area cleaned
- ☐ Equipment returned to safe condition
- ☐ Temporary controls removed
- ☐ Area handed back

8. Authorization

Role	Name	Signature	Date
Permit Issuer			
Super visor			
Safety Representative			