## **COMPANY:**

Client Logo

## COLD WORK **PERMIT**



C-Permit Number

Continued From Permit:	C-		(A)
			(B)
Expiration Date		Time	

## F-300-0012 APPLICATION (Work planning/Hazard Assessment involves boxes C to H) Description of Work (C) Project (D) Deck Zone: (E) System(s) / (F) ub-system(s) Additional Procedures Attache Originator (I) Potential Hazards (Check all applicable boxes) (G) (H) (Specify) Name (Print) (Sign) ☐ Overhead Work (Dropped Objects) ☐ Flammable materials ☐ Wind, Weather, Sea ☐ Toxic/Corrosive materials ☐ Elevated work area (Working at heights) ☐ Liquid / Gas under pressure ☐ Torquing Operations ☐ Moving parts ☐ Rotating machinery ☐ Adjacent work ☐ Caustic / Hazardous Mat'l ☐ Slippery / Wet surfaces Approved - Commissioning Superintendent (CS) / Offshore Installation Manager (OIM) (J) ☐ Restricted Access ☐ High/Low temperatures ☐ Laser use (i.e. Alignment) Name (Print) (Sian) ☐ Welding/Burning ■ Working over water ☐ Restricted Movement ☐ Ultra Violet Rays (HVAC Units) □ Spill Potential ☐ Sharp Edges ☐ Danger of falling overboar ☐ Crane Operations ☐ Grit blasting Date: Time Lifting / Manual handling ☐ Flying particles/Sparks ☐ Isolations/Process Isolation Name (Print) (Sign) ☐ Pressure Washing Activities ☐ Release of Hydrocarbons ☐ Cables / Hoses Other potential hazards: Date: Time: **PREPARATION** ☐ Yes ☐ No ☐ Attached OR REFERENCE: Task Risk Assessment Required? (K) Specify Additional/Special PPE Here: **Long Term Suspension** (M) CS /OIM Initial CS /OIM Initial Date Suspended Date Removed Date Suspended Date Removed PRECAUTIONS REQUIRED (Check only those required) Isolation Certificate(s) Applicable (P) Other Affected Work (Add Permit #) (O) ☐ Depressurize/vent to atmosphere (N) Disposition ■ Energy ☐ JSEA ☐ Fire & Gas detection bypassed □ Open ☐ Closed Valid (√) LTI (√) Cont. To Initials ■ MSDS attached ■ ESD System bypassed ☐ Open □ Closed □ DCS bypassed ■ Equipment condition reviewed ☐ Open ☐ Closed □ Tool Lanyards Required ■ Equipment cleaned and purged ☐ Open ☐ Closed ☐ Check wind direction / conditions ☐ Confined Space Permit Required ☐ Closed □ Open ☐ Personal Flotation Device (PFD) ☐ Check/cover drains □ Open Closed ☐ Access/Scaffold ■ Emergency Notification □ Closed □ Open ☐ Fall Protection ■ Make public announcement ☐ Open ☐ Closed (If YES Specify Below) ☐ Stretching Exercises Required □ Radio silence required ☐ Open ☐ Closed Sanction to test Needed? ☐ Yes ☐ No (Q) ☐ Erect barriers/Barricades/Post signs ■ Emergency egress identified Open ☐ Closed ■ All lines blinded or disconnected ☐ Hearing protection required WORK COMPLETED ISSUANCE ACCEPTANCE CANCELLATION CONTINUATION Issuing Authority: (S) I declare that all hazards have been identified and all specified precautions and preparations are in place and it is safe for the work specified on this permit to be performed. (U) The work for which this permit was issued is now (V) The work for which this Permit was Issued (W) The precautions and conditions relating to understand the above conditions and The work for which this permit was issued is now completed or delayed: all workers have been are in place and I accept responsibility for having the work detailed on this permit carried out. I will notify the Permit Issuer on completion or derry, and ready for service condition. has been properly performed; all equipment, processes, and electrical apparatus affected by the work have been left in a safe, clean, orderly and ready for service condition. this permit are still in place. This Permit is cancelled and superseded by the new Permit number below. Name (Print) Normal operations may be safely resumed and the Permit is cancelled. \*Line through as applicable Time: Affected Issuing Authority: (X) I have been made aware of and allow the work specified on have been made aware of is Permit to be performed. Name (Print) (Sign) Performing Authority **Performing Authority** Issuing Authority Issuing Authority Name (Print) Name Name Name (Print) (Print) (Print) Additional Affected Issuing Authority: ave been made aware of and allow s Permit to be performed. Name (Print) (Sign) (Sign) (Sign) (Sign) (Sign) Time: Time: Date: Time: Date: Date: Date: Time: Time: Date: SUSPEND/RE-ISSUE Valid Until (Y) Complete if this is before the shift Valid Until Suspend/Re-issue: (Z) To be signed for Suspension, Re-Issue and No Work: Out-going = end of shift personnel / In-coming = beginning of shift personnel nd time of the Issuing Authority) Work may not continue beyond the end of the Issuing Authority's shift without out-going and in-coming signature S – Suspend, R – Re-issue, NW – No Work Day Shift - (DS) Night Shift - (NS) Date Time Issuing Authority Signature Performing Authority Signature