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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERMIT TO WORK - COLD** | | | | | | | | | | | | | | |
| Vessel Name | |  | | | | | | | Permit No. | | |  | | |
| Location (Port) | |  | | | | | | | Date | | |  | | |
| Description Of The Work: | | | | | | | | | Vessel Exact Location | | |  | | |
| Any substance hazardous to health  YES NO | | Personal Safety requirement met  YES NO | | | | | Confined Space Entry required? YES NO  Number\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Approved Contractor?  YES NO N/A |
| **Personal Protective Equipment** | | | | | | | | | | | | | | |
| EYES  Googles  Face Shield | HEAD  Helmet | | | EAR  Ear muff  Ear plugs | | Foot  Boots  Shoes | | | | Hands  Ordinary  Special  Choose an item. | | | Body  Cover-all  Special  Choose an item. | |
| **Standard condition** | | | | | | | | **Specific condition** | | | | | | |
| Hazard Identification & Risk Assessment (HIRA)  Tool Box Talk (TBT) Attahed? YES NO  The standard condition to be observed tick below: | | | | | | | | Additional control shall be complied before work commence? YES NO (if YES tick below) | | | | | | |
| Induction  Smoking / Naked Flame  Work Stop condition  Wind Speed /Direction  Chemical handling | | | Lifting  Manual handling  Electrical  Machine Maintenance / Repair  Hot / Cold surface | | | | | Isolation of Pipelines   1. By lock 2. By blanking 3. By disconnection   Depressurized  Drained | | | | | | Gas freed Ventilation  LOTO  others  Specified: |
|  |
|  |
|  |
| **AUTHORIZATION TO CARRY OUT THE WORK**  I CERTIFY THAT THE ABOVE EQUIPMENT/ SITE IS SAFE TO WORK FOR COLD WORK TO BE CARRIED OUT BY PERSON SUBJECT TO THE SPECIED REQUIREMENT. | | | | | | | | | | | | | | |
| Permit Requested/ Inspected by:  (CO or CE) | | | | | **Name:** | | | | | | **PERMIT VALIDITY**  **(DATE/TIME)** | | | |
| **Sign:** | | | | | | From | | | |
| Permit Approved By: MASTER | | | | | **Name & Sign:** | | | | | | T0 | | | |
| **WORK COMPLETED** | | | | | | | | | | | | | | |
| Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Area Inspected by: Chief Officer (Name and sign) | | | | | | | | | |
| Permit  closed  cancel by: MASTER (Name and sign) | | | | | | | | | |