

# Cold Work Permit

## Permit Details

Job Location\*: \_\_\_\_\_

Description of Work\*: \_\_\_\_\_

Type of Cold Work\*: \_\_\_\_\_ > Options: Mechanical Cutting, Excavation, Demolition, Pressure Testing, Other

Permit Start Date\*: \_\_\_\_\_

Permit End Date\*: \_\_\_\_\_

Isolation / LOTO Required

Isolation / LOTO Details (Fill in only if applicable)

## Safety Precautions

Permit Assessment Completed\*

Hazards Identified\*: \_\_\_\_\_

Personal Protective Equipment Requirements:

| PPE Item | Quantity |
|----------|----------|
|          |          |
|          |          |
|          |          |

Options for 'PPE Item': Safety Glasses, Gloves, Hard Hat, Hearing Protection, High-Visibility Vest, Respirator, Other

## Authorisation & Signatures

Permit Issuer Name\*: \_\_\_\_\_

Permit Issuer Position\*: \_\_\_\_\_

Permit Issuer Signature\*: \_\_\_\_\_ (Sign above)

Permit Receiver Name\*: \_\_\_\_\_

Permit Receiver Position\*: \_\_\_\_\_