

OIL & GAS DEVELOPMENT COMPANY LIMITED



Ref. Section 07 (Operation) of OGDCL's Integrated HSE System Manual

OGF – HSE – 019(02)

COLD WORK PERMIT

WO No.....

Record TBT proceedings on back of the card copy

WP S.No.....

INITIATION

Permit Begins _____ Hours Date _____

Permit Expires _____ Hours Date _____

Extended upto _____ Hours Date _____

Extended by _____

This permit authorizes Mr. _____

of _____ Section, to perform the following work

At _____

NOTE: Tick Respective one 'Job Type'

- | | | |
|---|---|---|
| <input type="checkbox"/> Corrective Maintenance | <input type="checkbox"/> Non Process Activity | <input type="checkbox"/> HSE Function |
| <input type="checkbox"/> Emergency Shut Down | <input type="checkbox"/> Project/ New Job | <input type="checkbox"/> Preventive Maintenance |
| <input type="checkbox"/> Routine Process Activity | <input type="checkbox"/> Modification | <input type="checkbox"/> Productive Analysis |
| | | <input type="checkbox"/> Annual Turn Around |

SAFETY CHECKLIST

Tick 'Yes' or 'No' or 'NA' as applicable

	Yes	No	NA
1 Has the Tool Box Talk been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is the electrical power of equipment disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have all valves been closed and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is equipment depressurized / purged and flashed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is equipment under pressure and hot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is area condition sufficiently open to allow for adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Is the breaker locked and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is scaffolding arranged for safe execution of job? (Attach checklist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Is residual risk (s) in this job acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Are the barricading and warning signs in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Is JHA required and attached to complete this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Who will monitor the operating conditions? _____			
13 Fire Fighting Arrangements: _____			
14 Personal Protective Equipment requirements			
<input type="checkbox"/> Helmet <input type="checkbox"/> Goggles <input type="checkbox"/> Apron			
<input type="checkbox"/> Coverall <input type="checkbox"/> Gas Mask/ Respirator <input type="checkbox"/> Ear Muffs/Plugs			
<input type="checkbox"/> Safety Shoes/Gum Boots <input type="checkbox"/> Dust Mask <input type="checkbox"/> Full Body Harness/ Safety Belt			
<input type="checkbox"/> Rubber/Cotton Gloves <input type="checkbox"/> Face Shield <input type="checkbox"/> SCBA			
15 Special Instructions. _____			

Authorization →	Permit Issue Authority	Relevant Section	Permit Receiving Authority

JOB COMPLETION

This job has been completed and area is cleared for any unwanted material / housekeeping is good enough.

Date/Time _____

However the summary of "incidents" encountered during the job is given below:-

	Asset Damage	Environment Damage	Fatal	Non-Fatal	First Aid	Near Hits
(Tick/Cross)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description:						

Signed by
Permit Receiving Authority

Checked by
Relevant Section

Verified by
Permit Issue Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS