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| Document Type | Page 1 of 2 | | |
| HSE OPERATIONAL CONTROL FORMS | Document No | ADTKP-OP-309-FRM01 | |
| Form Title | Effective Date | 30/06/2013 | |
| COLD WORK PERMIT | Review Date | 02/07/2019 | |

| | |
|--|--|
| Are the personnel working trained and competent? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has a trained and competent Standby Person been nominated? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

SECTION 1 – Specification of Work

Detailed Description of Work:.....

Name of persons planned for the work:

Equipment used during work :

Does the work require power outage for asset or component? YES / NO (please circle answer)

Does the work require network outage for asset or component? YES / NO (please circle answer)

Description of Hazards: Special Instructions:

Detailed location & Description of activities:

Start Date: **Start Time:**
End Date: **End Time:**

SECTION 2 – Checklist (Work May be stopped if one of the following is not complied with)
 ✓ for YES and X for No

| | Yes | No | N/A |
|---|-----|----|-----|
| Has the work area been examined and reasonable precaution taken to ensure that no potential hazards exist and that no other work in the area could create a hazard while the job is in progress | | | |
| Have wind, atmospheric, and work area conditions (e.g. cold, hot, poor lighting) been considered throughout the job so that work can be done safely | | | |
| Have all underground and overhead power lines, pipelines, or other hazards been located and staked properly? | | | |
| Have the proper signs been put in place? | | | |
| Are barricades and warning signs in place? | | | |
| Are motor vehicles permitted in the work area? | | | |
| Do safe work procedures exist for the job and have they been discussed with the contractor's workers? | | | |
| Is special safety equipment or personal protective equipment required? Breathing Apparatus: Self Contained <input type="checkbox"/> Supplied Air <input type="checkbox"/> Air Respirator <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield Safety Glasses <input type="checkbox"/> Hard Hat <input type="checkbox"/> Gloves <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Personal Monitors <input type="checkbox"/> FR Clothing <input type="checkbox"/> Steel Toed Footwear <input type="checkbox"/> Safety Harness / Lifeline <input type="checkbox"/> Ventilation Devices <input type="checkbox"/> Continuous Monitoring <input type="checkbox"/> | | | |
| Have Working Alone considerations been taken into account? Identify communication protocol. | | | |
| Has a Pre-Job Safety Meeting been held? Attach attendance form to this copy. | | | |
| Has the risk assessment been briefed to all people on permit? Attach copy to permit | | | |
| Have the assembly points been identified and communicated? | | | |
| Has a review of emergency procedures been conducted? (ERP) | | | |



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|---|--|--|--|
| Any chemicals involve in this work? If yes, provide MSDS (Material Safety Data Sheet) | | | |
| Is Mobile scaffolding required? (Attach PASMA certificates of trained personnel) | | | |
| Have the Contractor and all his workers received ADT HSE inducted? | | | |

SECTION 3 – Person In charge

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read the attached risk assessment and Rescue plan (if applicable) and have observed risk controls in place.

| | | | | |
|--------------|-------------------|--------------------|-----------------|---------------------|
| Name: | Signature: | Contact No: | Company: | Date: / / |
|--------------|-------------------|--------------------|-----------------|---------------------|

SECTION 4 – No Objection Signatures

| | |
|--------------------|-------------------|
| Engineering | Operations |
|--------------------|-------------------|

Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, fire, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

SECTION 5 – Authorisation and Permit Validity (ADT HSE DEPARTMENT)

| | |
|-----------------------------|----------------------------------|
| Date of issue : / / | Starting time : hrs |
| Date of expiry : / / | Expiry time : hrs |

SECTION 6 - Extension of Time

| | |
|-----------------------------|----------------------------------|
| Date of issue : / / | Starting time : hrs |
| Date of expiry : / / | Expiry time : hrs |

SECTION 7 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:

| | |
|--|---|
| All work associated with this work Permit has been: | <input type="checkbox"/> COMPLETED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CANCELLED |
| The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Equipment/Facilities has been checked and restored correctly. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Additional comments:

| | | | | |
|-----------------|----------------------------|-------------------|--------------|---------------|
| Company: | Name of the person: | Signature: | Date: | Time : |
|-----------------|----------------------------|-------------------|--------------|---------------|