



BP ANZ M,S&L COLD WORK PERMIT

BPD020204 11/15 W485692

Permit Set: _____

Issued to:

Company: _____ Recipient: _____

Description of work: _____

Location of worksite: _____

SAFETY CHECKLIST (State in column YES, NO or NA. All lines must be filled in.)

CHECK	Y/N/NA	DETAILS BELOW	CHECK	Y/N/NA	DETAILS BELOW
A. Has a safety induction been done?			B. Do sewers, pits and drains have seals?		
Does plant equipment need to be:			C. Is access and exit provided?		
1. Depressurised			D. Are "Lead" precautions necessary?		
2. Drained			E. Has electrical equipment been:		
3. Isolated - By Blanking			- Electrically isolated and tagged?		
- By Disconnection			F. Has wind direction been considered?		
4. Steamed			G. Is a Gas Test Certificate required? Attach to permit.		
5. Water Flushed			- Repeated gas tests? How often?		
6. Ventilated - Natural			H. Fire protection equipment checked/in place?		
- Mechanical					

PERSONAL PROTECTION REQUIRED (Tick where relevant.)

- | | | | | | |
|-----------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|
| Eyes | Ears | Hands | Feet | Breathing | Body - Other |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Ear Protection | <input type="checkbox"/> PVC Gloves | <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> Canister Mask | <input type="checkbox"/> Safety Harness <input type="checkbox"/> Overalls |
| <input type="checkbox"/> Shield | | <input type="checkbox"/> Gloves | <input type="checkbox"/> Rubber Safety Boots | <input type="checkbox"/> Air Supplied Respirator | <input type="checkbox"/> PVC Suit <input type="checkbox"/> Hard Hat |
| <input type="checkbox"/> Safety Glasses | | <input type="checkbox"/> Gauntlets | | | <input type="checkbox"/> Other, Specify: _____ |

CONTROLS REQUIRED

- | | |
|--------------------------|-------------------------------------------------------------------------------------------|
| Yes | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> 2 x DCP Fire Extinguishers |
| <input type="checkbox"/> | <input type="checkbox"/> Isolations shall be performed in accordance with LOTO Plan _____ |

SPECIAL INSTRUCTIONS & WORK INSTRUCTIONS:

All work to be conducted in accordance with PRO-2.5-0001-4-01 MS&L - Safe Work Requirements for Contractors

Everyone has the authority & obligation to stop unsafe work

This permit shall be read in conjunction with the following risk assessment: _____

ELECTRICAL ISOLATION BY: _____ APPROVED BY: _____

RE-ENDORSEMENT OF PERMIT TO BE BY: _____ DAILY/HOURLY

AUTHORISATION TO CARRY OUT WORK

I certify that the above equipment/site is safe to carry out Cold Work by persons subject to the specified requirements:

Issued by: Name: _____ Tel No. _____ Signature: _____

Countersigned by: Name: _____ Signature: _____

Permit Valid From Date/...../..... am/pm To Date/...../..... am/pm

I understand the nature of the work and certify that the above conditions will be observed at all times and received by:

Contractor/Employee: Name: _____ Signature: _____ / /

WORK COMPLETED

Time Contract/Employee

Date / /

WORK HAND BACK

Time Received by Site Representative

Date / /

FOR PERMIT ISSUE AND DISPLAY SEE REVERSE OF THIS FORM

DISPLAY OF PERMIT

- ORIGINAL COPY – SHALL BE CLEARLY DISPLAYED AT THE WORK SITE WITH CONTRACTOR/EMPLOYEE PERFORMING WORK.
- SITE MANAGERS COPY – TO BE GIVEN BY HAND TO THE SITE REPRESENTATIVE.
- ISSUERS COPY – TO BE KEPT BY THE PERSON ISSUING THE PERMIT.
- UPON COMPLETION OF WORK AND ACCEPTANCE THE CONTRACTOR/EMPLOYEE SHALL SIGN AND HAND BACK PERMIT TO THE SITE REPRESENTATIVE FOR CLOSE-OUT.

PERMIT ISSUE

Permits are to be issued by a person to whom the authority has been delegated. They may be issued by non plant staff with delegated authority in which case they shall be countersigned by Site Representative.

PERMIT VALIDITY

If work period exceeds one shift the permit must be re-endorsed below at each shift change, and at least daily.

Re-endorsed by:	Date: / /
Name Person Authorised to Re-endorse	Signature
Name Site Representative	Signature
Name Recipient	Signature

Re-endorsed by:	Date: / /
Name Person Authorised to Re-endorse	Signature
Name Site Representative	Signature
Name Recipient	Signature

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Name Site Representative	Signature
Name Recipient	Signature

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Name Site Representative	Signature
Name Recipient	Signature

IF INSUFFICIENT SPACE, USE ANOTHER FORM.