



OIL & GAS DEVELOPMENT COMPANY LIMITED

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

OGF – HSE – 019(01)

COLD WORK PERMIT

WO No.....

WP S.No.....

Record TBT proceedings on back of the card copy

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'

Corrective Maintenance

Emergency Shut Down

Routine Process Activity

Non Process Activity

Project/ New Job

Modification

HSE Function

Preventive Maintenance

Productive Analysis

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

Helmet

Coverall

Safety Shoes/Gum Boots

Rubber/Cotton Gloves

Goggles

Gas Mask/ Respirator

Dust Mask

Face Shield

Apron

Ear Muffs/Plugs

Full Body Harness/ Safety Belt

SCBA

15 Special Instructions. _____

Authorization →	Permit Issue Authority	Relevant Section	Permit Receiver

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"/>					
Description:						

Signed by
Supervisor/Performing Technician

Checked by
Area Operator

Verified by
Receiving Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS

TOOLBOX TALK FORM

Section 1 - Toolbox Talk Considerations (tick)

The following must be considered prior to commencing the work:

Objectives of the work	Equipment / tools	Additional PPE
Specific plans, methods and guidelines	Hazardous equipment	Previous lessons learned
Responsibilities	Materials	Feedback / questions from Work Party
Manpower and skill	Communications paths / protocols	Applicable OGDCL Golden Rule(s)
Access and evacuation (what to do in case of emergency)	Manual handling	
Work environment / site conditions	Work preparation	
Risk assessment: hazards, precautions and mitigations	Isolations / Permits / Certificates	
Have the conditions changed	Performing the work	
Has the activity changed	Reinstatement	
Conflicting activities	Weather	

Other Topics Discussed:

Job Hazards Analysis (JHA) if applicable

Section 2 - Work Party Attendance Record

By signing this form, I confirm that I have received and fully understood the information contained in and referenced during the Toolbox Talk.

Name:	Signature:	Name:	Signature:	Name:	Signature:

Section 3 - Conducted

I confirm I have conducted the Toolbox Talk with the Work Party and other involved persons.

Performing Authority Name: Signature: Date / Time:

I have taken part in the Toolbox Talk with the Work Party and other involved persons to address specific Operations related matters.

Area Authority Name: Signature: Date / Time:

(optional)