

# Caltex Energy Inc. Cold Work Permit

Date: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Contracting Company: \_\_\_\_\_ Time Work Started: \_\_\_\_\_ (24 hr. clock)

Location(s): \_\_\_\_\_

<b>Type of Operation:</b>	Production	Construction	Environmental	Other: _____
<b>Indicate Type of Work:</b>	<input type="checkbox"/> Cold Work	<input type="checkbox"/> Tank Cleaning	<input type="checkbox"/> Electrical	
	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other (specify)		

**Purpose / Description of Work:**

\_\_\_\_\_

**Description of Hazard: Special Instructions:**

\_\_\_\_\_

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, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

	Yes	No	N/A	Comments
1. 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?				
2. Have wind, atmospheric, and work area conditions (e.g. cold, hot, snow, poor lighting) been considered throughout the job so that work can be done safely?				
3. Have all underground and overhead power lines, pipelines, or other hazards been located and staked properly?  Have the proper signs been put in place?  Has the Ground Disturbance SOP been reviewed?				
4. Are barricades and warning signs in place?				
5. Are motor vehicles permitted in the work area? 5(a) Do engines require positive air shut offs? (required for diesel)				
6. Do safe work procedures exist for the job and have they been discussed with the contractor?				
7. Is special safety equipment or personal protective equipment required? <input type="checkbox"/> Breathing Apparatus: <input type="checkbox"/> Self Contained <input type="checkbox"/> Supplied Air <input type="checkbox"/> Air Respirator <input type="checkbox"/> Goggles / Face Shield Safety Glasses <input type="checkbox"/> Hard Hat/ Gloves <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Personal Monitors (LEL / H <sub>2</sub> S) <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				
8. Have all WHMIS and TDG requirements been met? Attach list of all MSDS sheets if required.				
9. Do workers have current required safety training (e.g. WHMIS, TDG, H <sub>2</sub> S, First Aid/CPR, Ground Disturbance etc?)				
10. Have Working Alone considerations been taken into account? Identify communication protocol.				
11. Has a Pre-Job Safety Meeting been held? Attach minutes to this copy.				
12. How many workers does the permit cover? (List names on the Pre-Job Safety Meeting Report).				
13. Has a review of emergency procedures been conducted? (ERP)  Have the muster points been identified?				
14. Does the Contractor have a safety program that meets industry and government requirements?				
15. If "No" to #14, is the Contractor fully aware of your Safety Program?				
16. Are lanyards and safety harness available for heights over 2.6m?				
17. Is scaffolding required? (over 2.6m and harness can not be used)				
18. Has the Contractor and all his workers been safety oriented?				

**AGREEMENT:** I understand and agree that no work is permitted other than that specified on this permit. I have checked both the permit and the job and I understand the nature and extent of the work and the precautions to be followed in completing the work. I also agree that any other employees or sub-contractors who will, or may work on this job shall have a complete understanding of the conditions of this permit and will also work under the conditions of this permit. This permit must be returned at the end of the job or the end of the day.

Permit Receiver: Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**APPROVALS:** Name of Issuer (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Job Complete:  Yes  No. If no, explain: \_\_\_\_\_

Time of Completion: (Date): \_\_\_\_\_ (24 Hr. clock) \_\_\_\_\_

**White:** Site Representative

**Yellow:** Contractor

**Pink:** Leave in Book