

ILFRACOMBE HARBOUR COLD WORK PERMIT

Vessel Name: _____

Location of Work: _____

Date Issued: ____/____/____ Valid From: _____ To: _____

1. DESCRIPTION OF WORK TO BE CARRIED OUT

(Provide clear and specific description of the work activity)

2. PERSONNEL INVOLVED

Name of Person in Charge of Work: _____

Other Workers Involved:

Conditions: This Permit is only valid for the specified task and the time constraints as stated. Authorisation of a Cold Work permit is subject to strict compliance of the Cold Work check list on page 2 of this permit which must be completed.

3. RISK ASSESSMENT

Tick applicable hazards and controls:

Potential Hazards:

- Exposure to chemicals or paints
- Working in enclosed/confined space
- Manual handling
- Slips/trips/falls
- Electrical hazards
- Environmental risks (e.g. oil or waste discharge)

Control Measures in Place:

- Area barricaded or signed
- MSDS (Safety Data Sheets) reviewed
- PPE issued and worn (gloves, goggles, coveralls, etc.)
- Toolbox talk conducted
- Confined space permit obtained (if applicable)
- Electrical isolation confirmed
- First aid available nearby

4. PRECAUTIONS WITHIN 5 METRES (MINIMUM) OF THE WORK AREA

- Area has been cleared of unnecessary personnel and obstacles.
- No hot work is planned or occurring nearby.
- Work area is well ventilated.
- Spill kits and absorbents are available for any liquid handling.
- Surfaces and equipment are clean and dry, where necessary.
- Warning signage and barriers are in place to prevent unauthorised access.

5. PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIRED

- Safety gloves
- Eye protection
- Safety footwear
- Hearing protection
- Respirator or mask
- Coveralls
- Other (specify): _____

6. OTHER CONSIDERATIONS

- Work team has been briefed on risk assessment and method statement.
- Emergency procedures have been reviewed with all personnel.
- Supervisor is present or on standby during the work.
- Weather conditions are suitable for planned work

7. AUTHORIZATION

Work is authorized to proceed under the controls listed above.

<p>PERMISSION GRANTED:</p> <p>_____</p> <p><i>(Ilfracombe Harbour Authorised Person)</i></p> <p>PERMIT #</p> <p>DATE</p> <p>TIME</p>
--

8. WORK COMPLETION / CLOSE OUT

I confirm the work is completed, and the area has been made safe.

Person in Charge of Work:

Signature: _____

Date/Time: ____/____/____ ____:____

FIRE WATCH post Cold Works inspection confirmation to be completed 30 minutes after completion of Cold Works and Harbour Office notified.