



COLD WORK PERMIT



Date: _____ Time: _____ Location: _____
 Div: _____ Supervisor: _____ J-Dial: _____
 Division Safety Petty Officer: _____ J-Dial: _____

NOTE: Divisional Safety Petty Officers are to ENSURE all safety precautions are followed.

Work to be performed:

- Spray Painting (Spray teams only)
- Brush/Roller painting or priming
- Other Chemical Applications

Special Instructions:

Type and amount of paint/chemical to be used: _____

This location has been inspected and conforms to the following requirements. (A "yes" response is not required in all situations.)

- | | | | |
|--|---------------------------------|--------------------------------|---------------------------------|
| a. Electric or pneumatic blower is rigged and operating. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| b. All smoking and hotwork has been secured within 10 frames (40 feet) of the painting operation has been secured. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| c. RECIRC ventilation has been secured. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| d. Workers who are respirator qualified have been issued air purifying respirators with organic vapor cartridges. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| e. Workers have been provided with goggles, gloves, and clothing to minimize eye and skin contact. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| f. Workers have read the MSDS for the paint or chemical they are using and are familiar with its hazards. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |

The following apply to spray painting operations only:

- | | | | |
|---|---------------------------------|--------------------------------|---------------------------------|
| g. All electrical equipment, open terminals, and outlets in the vicinity of the painting/chemical application area are de-energized | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| h. Fire retardant paper has been used and is clearly marked. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| i. Spray paint team is properly trained and equipped with functional equipment. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| j. Fire extinguishing equipment is readily available at the work site. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| k. "DANGER AREA" signs have been posted leading to the work area. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| l. Workers have been provided with proper respiration protection as directed by the Safety Department. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |

Supervisor (E7 or above)

Date/time

Safety Department Representative

Date/time