



Original

## Permission to cold work

Emergency phone number 35 92 24 44

Work permit continues from: .....

Permission/ resuming	From date	Time	To date	Time	Issuer	Executer	From date	Time	To date	Time	Issuer	Executer
Executer:		Executer phone no.:				Plant/unit:				Requisitioner phone no.		
Equipment no.		Wire/cable no.				Instrum./tag/comp no.				Circuit/cell no.		
Job description												
<b>Preparation</b> (operation/issuer)				No	Yes	Done/sign.	<b>Security enforcement is carried out by:</b>					
Depressurization							Not relevant					
Drainage							Issuer Yes					
Closed off with:							Executer Yes					
Closed valves							Area is blocked/barriered <input type="checkbox"/>					
Locked valves							Additional protective/safety measures <input type="checkbox"/>					
Disconnection							Additional electrical safety measures <input type="checkbox"/>					
Blinds							Food security measures <input type="checkbox"/>					
Steam vented							<b>Gas test</b>					
Water flushing							Single measurement <input type="checkbox"/>					
Flushing with nitrogen							Repeated measurement <input type="checkbox"/>					
Venting							Continuous measurement <input type="checkbox"/>					
Disabled radioactive source							It is to be tested for the following gases:					
Electrical isolated with fuse												
Electrical isolated with safety switch												
Need for overriding/disabling of fire loop												
Checked with a test start							<b>Measurement result:</b>					
							Date					
							Time					
							Gas					
							Cons.					
Special instructions/information on hazards:							Name of ex					
Special sign. Power supply:				Special sign. Pipe bridges: HIP Utilities								
Need for safe job analyses (SJA) Yes <input type="checkbox"/> No <input type="checkbox"/>												
Work permit and potential risk is reviewed:												
Permission is given by issuer							Executer					
Date: ..... Sign.: .....							Date: .....					
Work continue on a new work permit nr.....												
Function tested				Done <input type="checkbox"/>	Not done <input type="checkbox"/>	Not relevant <input type="checkbox"/>	Work permit taken over					
Date: .....				Time: .....								
<b>Work done and workplace cleared</b>												
Executer name: .....							Sign. issuer: .....					



Copy

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Job description												
<b>Preparation</b> (operation/issuer)				No	Yes	Done/sign.	<b>Security enforcement is carried out by:</b>					
Depressurization							Not relevant					
Drainage							Issuer Yes					
Closed off with: Closed valves							Executer Yes					
Locked valves							Area is blocked/barriered <input type="checkbox"/>					
Disconnection							Additional protective/safety measures <input type="checkbox"/>					
Blinds							Additional electrical safety measures <input type="checkbox"/>					
Steam vented							Food security measures <input type="checkbox"/>					
Water flushing							<b>Gas test</b>					
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Checked with a test start							<b>Measurement result:</b>					
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Special instructions/information on hazards:						Name of ex						
Special sign. Power supply:						Special sign. Pipe bridges: HIP Utilities						
Need for safe job analyses (SJA) Yes <input type="checkbox"/> No <input type="checkbox"/>												
Work permit and potential risk is reviewed:												
Permission is given by issuer						Executer						
Date: ..... Sign.: .....						Date: .....						
Work continue on a new work permit nr.....												
Function tested Done <input type="checkbox"/> Not done <input type="checkbox"/> Not relevant <input type="checkbox"/>												
<b>Work done and workplace cleared</b>												
Executer name: .....						Date: ..... Time: .....						
						Sign. issuer: .....						

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