

## Cold Weather Protection

### APPENDIX A Recommended Cold Weather Protection (CWP) Assessment Checklist

Performance Objective:

A Cold Weather Protection program should be in place to prevent equipment and building damage due to freezing weather conditions.

Item	Objective Criteria	Yes	No	Partial
1.	A cold weather/freeze protection plan is prepared for each facility or project.			
2.	This plan includes details on inspections, preventive maintenance, and corrective maintenance imposed on facility equipment and buildings to assure continued safe facility operations.			
3.	The plan ensures that actions and requirements imposed to provide cold weather/freeze protection are reviewed by facility operations personnel to assure that the facility will be maintained in a safe condition to protect the health and safety of the workers and the public.			
4.	A facility or project POC has been assigned to ensure CWP activities are accomplished.			
5.	As a minimum, the plan ensures that:			
a.	Heating systems in all facilities are cleaned, serviced, and functionally tested.			
b.	Antifreeze used in cooling systems is checked and replaced as necessary.			
c.	Heating system power and temperature controls are protected against inadvertent deactivation by unauthorized personnel.			
d.	Operations or maintenance personnel have specific responsibility for monitoring the temperature in facilities, on and off shifts, including weekends and holidays.			
e.	All air intakes, windows, doors, and other access ways that could provide abnormal inflows of cold air are secured. Automatically controlled systems of this type are functionally tested.			
f.	Plans exist for alerting personnel and providing increased surveillance in periods of extreme, unusual, or extended cold. Operations or maintenance personnel are on call to respond to such events.			
g.	Systems requiring or deserving special protection due to hazards or costs associated with freeze damage have temperature alarms and/or automatic backup heat sources.			
h.	Facility personnel identify areas where portable heating is required. They inspect, test, and stage portable auxiliary heaters and have identified sources to obtain more, if needed. Personnel are trained in the safe use of portable heaters.			

**NOTE:** Before each use, check MSC Docs Online to ensure this copy is current.

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Item	Objective Criteria	Yes	No	Partial
i.	Systems or equipment added to the project or facility within the preceding year have been reviewed for CWP requirements and additional activities have been initiated as necessary.			
j.	The main water supply cutoffs for each facility are identified, tested, and readily accessible to emergency personnel responding to freeze/thaw incident.			
k.	Outside storage pads and unheated storage areas are inspected to ensure that there are no materials susceptible to freeze damage.			
l.	Employees are aware of the need to identify and report any suspected problem with heating or other cold weather protection equipment.			
m.	Cold weather gear is available for emergency and operations personnel.			
n.	Procedures are developed for implementation and suspension of cold weather protection measures to ensure proper approval and review.			
o.	Provisions are made to remove cold weather protection features after the cold weather season or freezing period is over with appropriate verification and documentation of removal through the facilities configuration management system.			
p.	Wet-pipe sprinkler systems are reviewed for areas susceptible to freezing, and appropriate actions planned, such as provisions for auxiliary heat, draining and posting a fire watch, etc.			
q.	Contingency plans are prepared and available for temporarily curtailing operations in those facilities that are likely to sustain freeze damage when unusually severe weather is expected.			
r.	Snow and ice removal activities are effectively implemented. Outside areas are inspected to ensure that gutters and downspouts are provided where there is a potential for ice buildup that may restrict proper drainage or egress.			

Comments/Notes: \_\_\_\_\_  
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NAME: \_\_\_\_\_ FACILITY: \_\_\_\_\_

DATE: \_\_\_\_\_