

# Health & Safety – Permit Hot Work Permit



**Valid for One Shift Only**

<b>DATE RAISED:</b>		<b>Work Location</b>			<b>Hot Work Permit Number</b>	
<b>Scope of work / Description</b>						
<b>PERMIT EXPIRES</b>		<b>Date:</b>	<b>Time:</b>			
<b>Required Controls Checklist</b>					<b>Yes</b>	<b>N/A</b>
Available sprinklers, hose streams and extinguishers are in service / operable?					<input type="checkbox"/>	<input type="checkbox"/>
Hot work equipment in good repair					<input type="checkbox"/>	<input type="checkbox"/>
<b>Requirement within 15m of work</b>						
(Where it is not practical to comply with the 15m radius requirements, other suitable controls must be in place and noted below).						
Flammable liquids, dust, lint and oil deposits removed					<input type="checkbox"/>	<input type="checkbox"/>
Explosive atmosphere in area eliminated					<input type="checkbox"/>	<input type="checkbox"/>
Floors swept clean					<input type="checkbox"/>	<input type="checkbox"/>
Combustible ground wet down, covered with damp sand or fire resistant sheets					<input type="checkbox"/>	<input type="checkbox"/>
Remove other combustibles where possible,. Otherwise protect with fire-resistant tarpaulins and metal shields					<input type="checkbox"/>	<input type="checkbox"/>
All wall and floor openings covered					<input type="checkbox"/>	<input type="checkbox"/>
<b>Work on walls or ceilings/enclosed equipment</b>						
Ensure no Expanded Polystyrene (EPS) is present					<input type="checkbox"/>	<input type="checkbox"/>
Construction is non-combustible and without combustible covering or insulation					<input type="checkbox"/>	<input type="checkbox"/>
Combustibles on other side of walls removed					<input type="checkbox"/>	<input type="checkbox"/>
Conduction of heat into another area does not constitute a fire hazard					<input type="checkbox"/>	<input type="checkbox"/>
Enclosed equipment cleared of all combustible materials					<input type="checkbox"/>	<input type="checkbox"/>
Containers purged of flammable liquids/vapours (Gas test shall be conducted by an authorised gas tester)					<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Watch</b>						
Fire watch will be provided during and for 30 minutes after work, including any breaks					<input type="checkbox"/>	<input type="checkbox"/>
Fire watch is supplied with suitable fire extinguisher					<input type="checkbox"/>	<input type="checkbox"/>
Fire watch is trained in use of extinguishing equipment and raising alarm					<input type="checkbox"/>	<input type="checkbox"/>
Additional fire watch's for adjoining areas, above and below					<input type="checkbox"/>	<input type="checkbox"/>
Number of fire watch required (spell out e.g. two)					<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Precautions</b>						
Has a JHA and / or WIN been completed for the task and reviewed?					<input type="checkbox"/>	<input type="checkbox"/>
Other permits have been considered and completed (Isolation/confined space/work at height)					<input type="checkbox"/>	<input type="checkbox"/>
Area protected with smoke or heat detection (Automated systems should be placed in manual mode)					<input type="checkbox"/>	<input type="checkbox"/>
Ample ventilation to remove smoke/fume from work area					<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional controls put in place</b> (include gas test results and details of tester if relevant)						

**ALL OF THE INFORMATION ABOVE MUST BE COMPLETED PRIOR TO SIGNING**

<b>Permit Holder</b>	I agree to work within the conditions listed, and accept my role and responsibilities in accordance with the Hot Work Procedure.				
Full Name (Please Print)					
Signature:				Date / /	
<b>Permit Issuer</b>	I have advised the person nominated above of the conditions of this permit and authorise Hot Work to be carried out within these limitations				
Full Name (Please Print)					
Signature:				Date / /	

**SEE THE REVERSE OR THIS PERMIT FOR: Fire Watch duties and Permit closure**

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## EMERGENCY NOTIFICATION PROCEDURE (To be completed by the authorised person)

Emergency Telephone Number:

Emergency Radio Channel:

If you need to make an emergency call you will need to provide the following information:

- Your Name
- Location of emergency
- Type of emergency
- Assistance Require
- Number of people involved

### FIRE WATCH

I accept the role and responsibility of a Fire Watch in accordance with the Hot Work Procedure and acknowledge and agree to maintain the precautions identified within this Permit.

Furthermore I declare that:

- I know how to raise the alarm in the event of an emergency;
- I know the location of the nearest fire fighting equipment;
- I have checked the fire fighting equipment and confirmed it is in working order; and
- I have been trained in the use of the fire fighting equipment.

<b>Fire Watch 1</b>	Name (Please print)		Date: / /
<b>Sign ON</b>	Signature		Time:
<b>Sign OFF</b>	Signature		Time:
<b>Fire Watch 2</b>	Name (Please print)		Date: / /
<b>Sign ON</b>	Signature		Time:
<b>Sign OFF</b>	Signature		Time:
<b>Fire Watch 3</b>	Name (Please print)		Date: / /
<b>Sign ON</b>	Signature		Time:
<b>Sign OFF</b>	Signature		Time:
<b>Fire Watch 4</b>	Name (Please print)		Date: / /
<b>Sign ON</b>	Signature		Time:
<b>Sign OFF</b>	Signature		Time:

### CANCELLATION OF HOT WORK PERMIT

All work associated with this Hot Work permit has been completed, the work and adjacent work areas have been inspected, the fire watch has been done for the nominated duration and the work area has been left in a safe condition

<b>Permit Holder</b>	Name (Please print)		Time:
	Signature		Date: / /
<b>Permit Issuer</b>	Name (Please print)		Time:
	Signature		Date: / /

Once cancelled the Hot Work Permit shall be returned to the Area owner.

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