

HOT WORK PERMIT

APPLICATION FOR HOT WORK

PERSON COMPLETING WORK AND SIGNATURE: _____

WORK LOCATION: _____

WORK TO BE DONE: WELDING FABRICATION GRINDING CONCRETE CUTTING OTHER

DETAILS OF WORK: _____

PERMIT BEGINS

PERMIT EXPIRES*

Date:/...../..... Time:am/pm

Date:/...../..... Time:am/pm

*Permit is valid for eight (8) hours only

EMERGENCY INFORMATION & EQUIPMENT

If fire occurs, call (name) _____ Telephone No. () _____

Is fire watch required: yes no Name of fire watcher: _____

Fire Fighting Equipment on hand? Fire extinguisher hose reel other: _____

Special Precautions: _____

EXPOSURE TO HAZARDS

The following checks have been made: (Note: all questions are to be answered)	YES	NO	N/A	Controls/Comments (Please provide details of actions)
Is a hot work risk assessment required? If no, has a generic risk assessment for the task been completed and/or reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have drains, pits and depressions been checked, isolated and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have combustible materials been removed from the work area or made safe (eg. Within 10m of hot work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have tanks, valves, vents, pipelines been blanked off or isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is breathing ventilation required and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are spark / flash screens in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are doorways and other areas covered to prevent transmission of sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the fire equipment been checked and laid out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all persons familiar with first aid and emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wind direction satisfactory for hot work to be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the site of hot work been isolated/roped off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is PPE available and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has all equipment being used for the task been checked and in safe working order prior to commencing work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the correct flashback arresters fitted and within test date (last 12mths)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a confined space permit required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have alternatives to hot work been considered? E.g. hand or electric saw, pipe cutter, nuts & bolts, screwed fittings or couplings, hand-filing, or threaded pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATMOSPHERE TESTING (Confined Space)

Date of Test: : / / Time of Test:: _____ am/pm Results of tests % L.E.L.: _____

Equipment make, model & serial number _____ Calibration date: _____

Person completing test and signature _____ :

Is Hot Work safe to proceed (please provide details): _____

AUTHORISED (by RRC Representative)

The above work is authorised by the responsible person to proceed subject to the above actions being taken prior to the hot work commencing. Each item is to be checked by the responsible person.

Signed: _____ Date:/...../..... Time: am/pm

WORK COMPLETED AND AREA SAFE

The work area and all adjacent areas where sparks may have spread have been inspected for at least 60 minutes after the work was completed and no fire conditions were noted.

Signed: _____ Date:/...../..... Time: am/pm

REVIEW AND SIGN OFF SHEET (to be reviewed and signed where period longer than 2 hours between works)

Date	Name	Signature	Have all permit conditions remained the same?
			<input type="checkbox"/> - Yes <input type="checkbox"/> - No (please complete a new Hot Work permit)
			<input type="checkbox"/> - Yes <input type="checkbox"/> - No (please complete a new Hot Work permit)
			<input type="checkbox"/> - Yes <input type="checkbox"/> - No (please complete a new Hot Work permit)
			<input type="checkbox"/> - Yes <input type="checkbox"/> - No (please complete a new Hot Work permit)
			<input type="checkbox"/> - Yes <input type="checkbox"/> - No (please complete a new Hot Work permit)

*Hot Work permits must be completed every shift or eight (8) hours

RETURN OF PERMIT TO SUPERVISOR AT COMPLETION OF WORK

By: _____ To: _____