

HOT WORK PERMIT

Work location:

Name of authorised person:

PERMIT BEGINS

PERMIT ENDS (8 hours max)

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

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

EMERGENCY INFORMATION & EQUIPMENT

If fire occurs, call 000 or 112 if using a mobile phone

Fire Watch established? (tick if yes) Name: Signature:

Fire Fighting Equipment on hand? Fire extinguisher _____ Hose reel _____

Other: type of firefighting equipment on hand

MANDATORY CHECKS	Yes	No	Comments
Is there any Local or State Fire Ban in place?			
Are there any Fire Bans in place in the work area?			
Has a JHA (Risk Assessment) been completed?			
Fire detection system has been isolated (e.g. sprinklers, detectors)?			
Have combustibles been removed from the work area or isolated?			
Is ventilation adequate?			
Are spark / flash screens in place?			
Are sparks?			
Has the fire equipment been checked and laid out?			
Is the wind direction satisfactory for hot work to be done?			
Have personnel and plant movement been stopped in the area of hot work?			
Has the site of hot work been isolated / roped off?			
PPE available and in good order?			

GAS TESTING (Confined Space)

Date of Test:/...../..... Time of Test: am/pm Results of tests % LEL:

Is Hot Work safe to proceed? yes no Tested By:

The above work is approved by the authorised person. Date:/...../..... Time:..... am/pm

Name: Signature:

WORK COMPLETED AND AREA SAFE

..... at least 30 minutes after the work was completed and no fire conditions were noted.

Name: Signature: Date:/...../..... Time:..... am/pm

