

# HOT WORKS PERMIT

## SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

All hot works generating heat, sparks or flame require a permit. This permit to work is issued to the nominated recipient for the specific occasion and date stipulated below:

Work Permit/MEX No:	
This permit is valid from (daily only):	hrs on _____ to _____ hrs on _____
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Location of works:	Campus/Building:
Reason for and description of works:	

- a) Risk assessment has been carried out and is attached  Yes  No  
 b) Safe Work Method Statement (SWMS) has been produced and is attached  Yes  No

The above work is authorised to proceed subject to the following action being taken prior to the hot work commencing.

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....

## SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

Before approval is granted to proceed with work, confirm the following:

- a) As far as reasonably practical the risks associated with the hot works have been eliminated  Yes  
 b) Additional permits have been submitted as required (eg Confined Space Permit, Fire Isolation)  Yes  No

Emergency Information & Equipment:	If fire occurs, call: ..... Telephone No. ( ) ..... Fire watch required: <input type="checkbox"/> yes <input type="checkbox"/> no By whom?: ..... Fire Fighting Equipment on hand? <input type="checkbox"/> fire extinguisher <input type="checkbox"/> hose reel <input type="checkbox"/> other: ..... Special Precautions:.....
Isolations identified and required as per SWMS (tick as appropriate):	<input type="checkbox"/> Fire detection system isolated (eg sprinklers, detectors) <input type="checkbox"/> Drains, pits and depressions been checked, isolated and sealed <input type="checkbox"/> Tanks, valves, vents, pipelines been blanked off or isolated <input type="checkbox"/> Doorways and other areas covered to prevent transmission of sparks <input type="checkbox"/> Other (specify):
Precautions detailed in SWMS (tick as appropriate):	<input type="checkbox"/> Combustible materials been removed (eg within 10m of hot work)? <input type="checkbox"/> Wet down non-removable combustible items <input type="checkbox"/> Spark/flash screens in place <input type="checkbox"/> Covers suspended beneath work to collect sparks <input type="checkbox"/> Protected personal and electrical equipment <input type="checkbox"/> Non-sparking tools <input type="checkbox"/> Air conditioning units isolated <input type="checkbox"/> Physical barriers and signage to restrict access <input type="checkbox"/> Additional precautions (if none state none):
Other Precautions required :	Method/technique: Materials:

## ATMOSPHERE TESTING (Confined Space)

Date of Test:        /        /	Time of Test:        am/pm	Results of tests % L.E.L:
Is Hot Work safe to proceed? <input type="checkbox"/> yes <input type="checkbox"/> no	Tested By:	

- a) I have read and understood the requirements and procedures required in this permit to work.  Yes

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

## SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO

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.

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

The fire systems have been reinstated:

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....