



HOT WORK PERMIT

Site location: _____

Date: _____ Permit Number: _____

The hot work that is covered by this permit _____

The location of the work: _____

The equipment to be used: _____

The fire-fighting equipment to be laid out at the work site _____

Whether the following checks have been made (N.A. means 'not applicable'):

- | | |
|--|---|
| 1. Have drains, pits and depressions been checked, isolated and sealed? | <input type="text" value="Yes / N.A."/> |
| 2. Have combustible materials been removed from the work area or made safe? | <input type="text" value="Yes / N.A."/> |
| 3. Have tanks, valves, vents and pipelines been blanked off or effectively isolated? | <input type="text" value="Yes / N.A."/> |
| 4. Is ventilation adequate? | <input type="text" value="Yes / N.A."/> |
| 5. Are spark and flash screens in place? | <input type="text" value="Yes / N.A."/> |
| 6. Have leaks from valve and pump glands, flanges and the like been controlled? | <input type="text" value="Yes / N.A."/> |
| 7. Have pressure relief valves been vented to safe areas? | <input type="text" value="Yes / N.A."/> |
| 8. Has contaminated ground been covered? | <input type="text" value="Yes / N.A."/> |
| 9. Is the fire equipment checked and laid out ready for use? | <input type="text" value="Yes / N.A."/> |
| 10. Is the fire pump or fire brigade on standby? | <input type="text" value="Yes / N.A."/> |
| 11. Is a firewatch required? | <input type="text" value="Yes / N.A."/> |
| 12. If required, has a firewatch been organised? | <input type="text" value="Yes / N.A."/> |
| 13. Is the wind direction satisfactory for hot work to be done? | <input type="text" value="Yes / N.A."/> |
| 14. Has product movement been stopped in the area of hot work? | <input type="text" value="Yes / N.A."/> |
| 15. Has the site of the hot work been isolated and roped off? | <input type="text" value="Yes / N.A."/> |
| 16. GAS TESTING: | |
| - Equipment make and model _____ | |
| - Serial No. _____ | |
| - Date of last equipment check _____ | |
| - Date of test _____ | |
| - Time of test _____ | |
| - Results of tests _____ | |
| - Percentage L.E.L. _____ | |
| - Is hot work safe to proceed? _____ | |
| - Initials of tester _____ | |

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SECTION A (the Contractor, sub contractor or their employee)

Name of contractor performing the work: _____

Order or contract number: _____

Name and signature of the Contractor's firewatch (where required)

(print name) (Signature)

Contractor (print name) (Signature)

SECTION B (the Facilities Management Office)

Issued and noted by:

Manager, Campus Facilities (or Nominee) (print name) (Signature)

SECTION C (the Responsible Officer or Senior Maintenance Officer):

The following special conditions and precautions are to be observed:

This permit is valid: From _____ am/pm on ___/___/___ To _____ am/pm on ___/___/___

(print name) (Signature)

SECTION D - AT THE CONCLUSION OF THE WORK

The work site has been inspected by me and declared safe for normal operations to resume.

Responsible Officer or Senior Maintenance Officer (print name) (Signature)

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HOT WORKS PERMIT CANCELLATION - This permit was returned to the FMO and discharged by:

Manager, Campus Facilities (or Nominee) (print name) (Signature)

at _____ am/pm on ___/___/___

THIS HOT WORK PERMIT SHOULD BE PROMINENTLY DISPLAYED ON THE WORK SITE.