

HOT WORK PERMIT

Permit Issued to (Work Supervisor or delegate): Name Signature

Work location:
.....

Equipment to be used:
.....

PERMIT BEGINS

PERMIT EXPIRES (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: (must be of suitable type and size) State type of firefighting equipment on hand
.....

MANDATORY CHECKS

	Yes	No	NA	COMMENTS
Is there any Local or State Fire Ban in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the Fire Danger Rating in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a JHA (Risk Assessment) been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire detection system has been isolated (e.g. sprinklers, detectors)?	<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 (e.g. 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 ventilation 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"/>	
Covers suspended beneath work to collect sparks?	<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"/>	
Have personnel and plant movement been stopped in the area of hot work?	<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"/>	
PPE available and in good order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GAS TESTING (Confined Space)

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

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

AUTHORISED (by the Branch Authorised Person)

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

Name: Signature:

WORK COMPLETED AND AREA SAFE

The work area and all adjacent areas where sparks may have spread have been inspected at least 30 minutes after the work was completed and no fire conditions were noted.

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

