



PERMIT FOR HOT WORK

PF220

Hot Work is not permitted unless this permit is completed and signed by the Authorised Person overseeing the work, and Security are notified of hot works location. The control measures and precautions appropriate for the executions of the Hot Work have been implemented and person have been advised of and understand the requirements of this written authority.

Authorised Person for this permit is the HSW Manager, Manager or Supervisor of the work area. This permit is valid only for the date and time specified. When work is complete or this permit expires, the authorised person for the Hot Work must sign off the permit.

PART A – TASK / PERMIT INFORMATION	
Date of Issue (dd/mm/yyyy): / /	Location of Work:
Time of Issue: : am / pm	Person in Control of Hot Work:
Period permit required from : : am / pm	Description of Work:
Period permit required to : : am / pm	

PART B – PRE ENTRY REQUIREMENTS		
Has JHA / JSA been conducted for this work?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Is the fire system isolated?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Are any other locations required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Is there a water source available nearby?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Is confined space or roof access required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Permit Number:
Is mechanical ventilation required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Is safety equipment or special PPE required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Are all flammable and combustible materials removed or protected within 12m of work area?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Is appropriate Emergency Response Plan (ERP) and / or equipment in place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Is breathing apparatus required for Hot Work?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
Has the checklist at the rear of this permit been completed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:

PART C – HAZARDS, PRECAUTIONS OR OTHER REQUIREMENTS		
Have warning signs/ barricades/ barriers been installed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:
All persons, including Fire Watcher, are trained in fire safety procedures and notification?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comment:

PART D – ACCEPTANCE	
<p>I / We have checked the permits, procedures, Fire/ Smoke alarm isolations and ERP required for the safe access and execution of the Hot Work.</p> <p>I / We have been advised of and understand the control measures and precautions to be observed. Persons performing Hot Work will be required to sign on / off this permit to adhere to all prescribed controls. The work area shall be check and secured on completion of activities.</p>	
Hot Work Supervisor	Authorised Person
Print Name:	Print Name:
Signature: _____	Signature: _____
Date: / /	Date: / /

PART E – EMPLOYEES LOG IN / LOG OUT			
NAME:	DATE:	TIME IN:	TIME OUT:
	/ /	: am/pm	: am/pm
	/ /	: am/pm	: am/pm
	/ /	: am/pm	: am/pm
	/ /	: am/pm	: am/pm

PART F – WORK COMPLETION	
Hot Work Supervisor	
All persons / equipment accounted for:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Areas where sparks may have spread have been inspected 1 hour after work completed and no fire conditions noted:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Permit returned and work completed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Abnormalities:	
Print Name:	Date: / /
Signature: _____	Time: : am/pm

PART G – PERMIT CLOSE OUT	
Authorised Person	
Print Name: _____	Date: / /
Signature: _____	Time: : am/pm

PRECAUTIONS CHECKLIST			
GENERAL PRECAUTIONS	YES	NO	N/A
Are flammables and combustibles removed or protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are available sprinklers, hose streams and extinguishers in service/operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is floor swept clean and wet down where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is arc flash shielding in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is hot-work equipment in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fire watch required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fire panel isolated? (Checked with Security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are smoke/thermal detectors isolated? (Checked with Security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has PFAssist been informed of details of hot work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRECAUTIONS WITHIN 12 METRES OF WORK	YES	NO	N/A
Are combustible liquids, vapour, gases removed or protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are combustible floors protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flammable liquids, dust, lint removed or protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is explosive atmosphere in area eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all wall and floor openings covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK ON WALLS OR CEILINGS	YES	NO	N/A
Is construction non-combustible and without combustible coverings or insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are combustibles on the other side of wall or ceiling moved away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fire resistant coverings under works to collect sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK ON ENCLOSED EQUIPMENT	YES	NO	N/A
Is enclosed equipment cleaned of all combustibles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are containers purged of flammable liquids/ vapors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE WATCHER	YES	NO	N/A
Is Fire Watcher required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, has Fire Watcher been organised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Fire Watcher trained in use of this equipment and sounding alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Fire Watcher supplied with appropriate fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has fire panel been de-isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER PRECAUTIONS TAKEN:

**** All questions are to be answered. ****