

PERMIT NUMBER

HW _____

Permit – Hot Works

PART 1 – PERMIT DETAILS – Available on BSAFE

Work Order/Project #	
Permit Holder Name	
Permit Holder Contact Number	
Company	
Permit Request Date & Time	

Hot works Permit (Open) – To be completed by Permit Holder

Description of the work	
Location of works	
Person Completing the fire watch (name):	
Has a total fire ban been declared?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If answered Yes - Stop Work and discuss works with Facilities Manager. No external hot works to be performed during fire ban days without the approval of fire services. To proceed attach evidence of Fire Services Approval.
Confirm the following is in place:	<input type="checkbox"/> SWMS reviewed in consultation with work group <input type="checkbox"/> Work area cordoned off or barricaded/ warning signs in place <input type="checkbox"/> Emergency exits/muster points/contingency plans understood <input type="checkbox"/> All workers have current licences/certificates of competency

Fire Prevention

Select the controls that are in place:	<input type="checkbox"/> Combustible material removed from the work area or made safe (flame proof covers/screens) <input type="checkbox"/> Combustible liquids, vapours or gases clear in work area <input type="checkbox"/> Adequate ventilation provided <input type="checkbox"/> Floor, wall, drain, door openings within 10m covered with flame proof cover/screen <input type="checkbox"/> Fully charged/tagged and appropriate type of fire extinguisher positioned within 10m of works <input type="checkbox"/> Fire watch allocated during works <input type="checkbox"/> Fire watch allocated for at least 60 minutes after the work completed <input type="checkbox"/> All hot work plant and equipment have current test and tag/registration/certification <input type="checkbox"/> Smoke, thermal sensors etc. are isolated <input type="checkbox"/> Tanks, valves, vents, pipelines, air intakes have been isolated
Isolated EWIS devices have been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
List any other controls for the hot works:	

Oxy-Acetylene Cutting and Welding

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Are you performing and Oxy-Acetylene Cutting and/or Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Confirm the following are in place	<input type="checkbox"/> Safety devices fitted in accordance with AS4839-2001. <input type="checkbox"/> Cylinders chained to trolley and kept upright <input type="checkbox"/> Shade screening to be used for electric arc welding <input type="checkbox"/> Minimum 1 non-return valve and flashback arrestor per line. <input type="checkbox"/> Flashback arrestors tested (minimum 12 monthly) <input type="checkbox"/> Electrodes removed and holder placed to prevent contact
Permit Holder Name:	
Permit Holder Signature	
Date	
Permit Authorisation (Approval) - To be completed by Permit Issuer:	
Approval Type	<input type="checkbox"/> On-site Approval <input type="checkbox"/> Off-site Approval. Provide reasoning for offsite approval:
Date of Approval	
Permit Issuer Name	
Permit Issuer Role	
Permit Issuer Signature	
Hot works Permit Closure:	
Location of hot works	
Confirm the following :	<input type="checkbox"/> Hot works have been completed safely <input type="checkbox"/> All tools and equipment have been removed from the area <input type="checkbox"/> Fire watch completed for 30 mins post works <input type="checkbox"/> Any fire impairments (deactivated smoke alarms or thermal sensors etc.) are reinstated <input type="checkbox"/> The site representative has been advised the works to have been completed
Attach photo of work area	<input type="checkbox"/> Attached.
Additional information/Comments:	
Date/Time:	
Permit Holder Name	
Permit Holder Signature	
Permit Issuer Name	
Permit Holder Signature	