



Hot Work Permit HS-FR-10-04

Centre/Location:	<input type="text"/>	Date:	<input type="text"/>
Company Name:	<input type="text"/>		
Permit Receiver:	<input type="text"/>	Contact Phone:	<input type="text"/>
Description of Work:	<input type="text"/>		
Equipment to be used (e.g. grinder, oxy cutter, welder):	<input type="text"/>		
Location of Work	<input type="text"/>		
Permit Issuer Name:	<input type="text"/>	Vicinity Centres Position:	<input type="text"/>

Permit Requirements

Appropriate SWMS or risk assessment in place	<input type="checkbox"/>	Yes	
Work area and any adjoining areas to be patrolled from the start of work until a minimum of 60 minutes after the work is completed (including break periods)	<input type="checkbox"/>	Yes	
Smoke/fire detection equipment must be isolated in the works area	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Fire sprinklers and/or thermal detectors confirmed as operational	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Barricades, warning signs and spark/flash screens in place	<input type="checkbox"/>	Yes	
Work area, trenches, pits etc. cleared of flammable liquids, gases or vapours	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Penetrations within 15 metres are covered to prevent transmission of sparks	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Combustibles located within 15 metres are removed or protected with non-combustible curtains, metal guards or flame proof covers	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Barricades/signs in place to control access to mobile plant e.g. EWPs	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Appropriately serviced/maintained fire blanket and fire extinguisher readily available	<input type="checkbox"/>	Yes	
Other (specify):	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A

Additional Permits Required

		Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Work at Height and BMU	<input type="checkbox"/> Yes	Fire System Impairment	<input type="checkbox"/> Yes	
Critical Lifts	<input type="checkbox"/> Yes	Confined Space Entry	<input type="checkbox"/> Yes	
Excavations and Penetrations	<input type="checkbox"/> Yes	Roof Access	<input type="checkbox"/> Yes	

* User must 'Complete the page 2 of this permit'

Permit Approval

Copy of SWMS or risk assessment attached or saved on file?

Yes

This permit is valid from:

Start Date:

Time:

Expiry Date:

Time:

I understand the permit requirements and the controls specified will be implemented and monitored for effectiveness throughout the works:

Permit Receiver:

Signature:

Permit Issuer:

Signature:

Permit Close Out

I have checked the worksite and confirm that the 60 minute fire watch has been completed and that the site has been made safe:

Date:

Time:

Permit Receiver:

Signature:

Permit Issuer:

Signature: