

HOT WORK PERMIT



The purpose of this permit is to ensure that employees and contractors who have to carry out **hot work** are authorised to do so. Risk assessments have been completed and identified; hazards and the appropriate controls have been put in place. **Hot work** is work likely to produce a source of ignition such as welding, gas cutting, blast cleaning and the use of spark producing tools or portable equipment.

NOTE: this permit is only valid for date of issue.

		PERMIT NO:	
Start date/time:		Finish date/time:	
Personnel involved in hot work			
Company name:			
Contractor/employee/s name:		UWA responsible officer:	
Are the personnel working on this hot work task trained and competent?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Site work details			
Job no:	Building/location:		
Description of hot work:			
Will hot work be conducted in a confined space?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, a <i>Confined Space Entry (CSE) Permit</i> must be completed		CSE Permit No:	
Can sparks/heat come into contact with flammable liquids/gases/dust, plant/equipment or property/buildings?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Isolations required			
Electrical <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Gas <input type="checkbox"/>	Water <input type="checkbox"/>
Fire detection system <input type="checkbox"/>	Other		
Potential hazards			
Flammable and combustible materials, liquids and gases		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Confined Space – depletion of oxygen, toxic gaseous atmosphere		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Noise and dust		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Public exposure - persons exposed to sparks		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Welding – sparks, explosion, fumes, flashback and arc eye		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (<i>please specify</i>)			
Hot work precautions			
The following precautions have been implemented:			
All required permits obtained <i>i.e. Entry into Confined Spaces and gas tests completed</i>	<input type="checkbox"/>	Ventilation and fume extraction equipment provided	<input type="checkbox"/>
Appropriate barricading and warning; and mandatory signs installed	<input type="checkbox"/>	Appropriate fire extinguisher nearby	<input type="checkbox"/>
Smoke detectors removed and replaced with heat sensors or fire detection isolation	<input type="checkbox"/>	Emergency procedures and first aid kit onsite	<input type="checkbox"/>
Flammable and combustible materials and liquids removed within 15m radius	<input type="checkbox"/>	Safe ingress and egress confirmed	<input type="checkbox"/>
Drains, tanks and pipes containing combustible gas and liquids removed or covered with fire blanket	<input type="checkbox"/>	Fire watch assigned	<input type="checkbox"/>
Sufficient wet down of non-removable flammable items	<input type="checkbox"/>	Electrical leads elevated off floor	<input type="checkbox"/>
Use of guards, screens and covers to prevent sparks and arc flash	<input type="checkbox"/>	Hot works PPE appropriate and onsite	<input type="checkbox"/>
Flashback arrestors fitted to on gas cylinders and hand pieces for welding and oxy cutting equipment	<input type="checkbox"/>	Other	

Type of equipment used

Welding – TIG/MIG, electric arc, oxy/acetylene	<input type="checkbox"/>	Electric Spark generating equipment?	<input type="checkbox"/>
Dust generating equipment – grinders, sanders, concrete cutters?	<input type="checkbox"/>	LPG equipment?	<input type="checkbox"/>
Other			

Authority to work**CONTRACTOR/S**

I accept this permit, agree to be bound by the conditions above and the associated procedures, and accept the responsibility as the person directly in charge of the work.

Full name:			
Signature:		Date:	

AUTHORISING OFFICER

I authorise **hot work** subject to the conditions and precautions of the Risk Assessment and as indicated on this permit.

Full name:			
Signature:		Date:	

Acceptance of completed job

All works associated with this permit has been completed, the work area and adjacent areas have been inspected for the duration of the fire watch or at least 60 minutes after completion of **hot work**, and the work area has been cleared of any debris. This permit is now relinquished.

Full name:					
Signature:		Date:		Time:	