

This permit must be completed in full and signed off by the responsible person prior to performing any work that may produce an ignition source such as cutting, drilling, grinding and welding.

PERMIT DETAILS:

Date:		Permit no:	
Scope of hot works:			
Contractor / employee details:			
Location and area:			
Responsible person:			

HOT WORK INFORMATION CHECKLIST:

Type of hot works:	Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other <input type="checkbox"/>
If other, provide details:	
Is the hot work in close proximity of EPS:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the hot work in close proximity to ACP:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the hot work in proximity to flammables:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the hot work in proximity to combustibles:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a risk assessment been completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

HOT WORK RISK CONTROL PLAN:

These risk control provisions should be established with a 10 metre radius of the work area.

Control actions	Confirmation
Hot work relocated away from EPS and or ACP:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Flammables removed from work area:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Combustibles removed from work area:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Fire protection for combustible floors installed:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Work area wetted down where appropriate:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Fire resistant shields or guards in place for sparks:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Fire hose in place and accessible:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Fire extinguishers in place and accessible:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Fire spotter in place for monitoring hot works:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Fire suppression systems and alarms installed:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>