

# Hot Work Permit

Risk, Health and Safety

## Hot Work Application

Contractor's Company Name

Description of Hot Work

Exact Location of Proposed Work

### CHECKLIST

	YES	NO	N/A
Appropriate extinguisher is on hand .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of nearest break-glass alarm is confirmed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of nearest fire hose reel is confirmed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire detection system isolation has been organised .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All flammable materials have been removed min. 10m away ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible materials on other side of wall removed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material that cannot be removed has been shielded.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting/welding/grinding gear is in good order .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operators are experienced.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary personal protective equipment is on hand .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation is adequate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spark/flash screens are in place .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worksite and areas below have been fenced off .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire watch is necessary for <input type="text" value="60"/> minutes after hot work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I confirm that all equipment and work methods comply with all applicable regulations, industry codes and Australian Standards**

Name of Contractor's Supervisor

Signature  Date

### NOTE: WORK CANNOT START UNLESS AUTHORISED UNDER THIS SECTION!

## Hot Work Authorisation

Permit valid from  AM  PM on  to  AM  PM on

Name of Facilities Services Representative

Signature  Date

## Hot Work Completion

I have inspected the worksite. I am satisfied the work is completed and the site safe.

Name of Facilities Services Representative

Signature  Date

**Warning – Uncontrolled when printed! The current version of this document is kept on the University website.**