*This permit must be accompanied by a corresponding SWMS*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | **Hot Work Permit Application** | | | | | | | | | | | | | | | | | | | | |  | |
|  | Contractor’s Company Name | | | |  | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | Describe proposed Hot Work | | | |  | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | Exact Location of Hot Work | | | |  | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | **CHECKLIST** | | | | | | | | | | | | | **YES** |  | | | **NO** |  | **N/A** | |  | |
|  | Appropriate extinguisher is on hand | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Location of nearest break-glass alarm is confirmed | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Location of nearest fire hose reel is confirmed | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Fire detection system isolation has been organised | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | All flammable materials have been removed min. 10m away | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Combustible materials on other side of wall removed | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Material that cannot be removed has been shielded | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Cutting/welding/grinding gear is in good order | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Operators are experienced | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | All necessary personal protective equipment is on hand | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Ventilation is adequate | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Spark/flash screens are in place | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Worksite and areas below have been fenced off | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Fire watch will be conducted for 60 minutes after hot work | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | Monitored smoke detection is installed in the hot work area | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  | *or* A further two-hour extended monitoring period will apply … | | | | | | | | | | | | |  |  | | |  |  |  |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | **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** | | | | | | | | | | | | | | | | | | | | | |  |
|  | **I have inspected the worksite and confirm the precautions above are in place and the site is safe for the hot work to proceed** | | | | | | | | | | | | | | | \*Note: the validity of a permit cannot extend beyond a single day | | | | | | |  |
|  |  | | | | | | | | | | | | | | |  |
|  | Permit valid from | | | AM PM | | to | | AM PM | | on\* | / / | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Name of Property & Infrastructure Representative | | | | | | | |  | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Signature | |  | | | | | | | | |  | Date | | | | / / | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Hot Work Completion** | | | | | | | | | | | | | | | | | | | | | |  |
|  | **I have inspected the worksite and confirm the work is completed and the site is safe** | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Name of Property & Infrastructure Representative | | | | | | | |  | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Signature | |  | | | | | | | | |  | Date | | | | / / | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |