

Hot Work Permit - SAF 019

THIS HOT WORK PERMIT SHALL BE VALID FOR TWENTY-FOUR (24) HOUR PERIOD PER TASK WITH THE OPTION OF EXTENSION UNTIL COMPLETION							
Worksite:		Date of issue:		Permit no.:			
Contractors name:				Contractors Address:			
Contractors responsible person: (For performing the work specified for duration of this permit)							
Description of work:				Sketch of exact location:			
Special instructions:							
Hot Work Performed:							
Location/Building:							
Authorized duration of Permit		(Number of days)					
Date:		to					
Time:		to					
Any substances hazardous to health?		SHE Specifications met?		Airside Permit issued:		Approved Contractor:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Number:			
PERSONAL PROTECTIVE REQUIREMENTS (TICK WHICH SHALL BE ISSUED)							
EYES	HAND	EARS	BREATHING	BODY - OTHER			
<input type="checkbox"/> Goggles	<input type="checkbox"/> PVC Gloves	<input type="checkbox"/> Ear Protection	<input type="checkbox"/> Canister Mask	<input type="checkbox"/> Safety Harness			
<input type="checkbox"/> Shield	<input type="checkbox"/> Ordinary Gloves		<input type="checkbox"/> Air Supplied Respirator	<input type="checkbox"/> Rubber Boots			
				<input type="checkbox"/> PVC Suit			
TYPES OF EQUIPMENT/TOOLS USED (TICK APPLICABLE)							
<input type="checkbox"/> Acetylene Torch	<input type="checkbox"/> Abrasive Saw	<input type="checkbox"/> Electric Saw		<input type="checkbox"/> Electric Tools			
<input type="checkbox"/> Heliarc Welding	<input type="checkbox"/> Propane Torch	<input type="checkbox"/> Drilling		<input type="checkbox"/> Other (List)			
Provide Description of equipment / tools:							
STANDARD CONDITIONS						YES	NO



EXCAVATIONS:	When more than 1.5m deep the following conditions shall apply before work is permitted		
	1) Are the sides of the excavations suitably shored and graded back	<input type="checkbox"/>	<input type="checkbox"/>
WELDING EQUIPMENT:	1) Is equipment sited in an approved safe area?	<input type="checkbox"/>	<input type="checkbox"/>
	2) Are welding cables in a good condition?	<input type="checkbox"/>	<input type="checkbox"/>
	3) Is there an insulating bridge in place where cables cross pipelines?	<input type="checkbox"/>	<input type="checkbox"/>
	4) Is the welding circuit cable positioned within two (2) meters of the job? (NOTE: Earth routing via installed plant is prohibited)	<input type="checkbox"/>	<input type="checkbox"/>
FLAME CUTTING EQUIPMENT:	1) Is the equipment in a safe area?	<input type="checkbox"/>	<input type="checkbox"/>
	2) Are oxy/acetylene cylinders secured upright in a special trolley rack?	<input type="checkbox"/>	<input type="checkbox"/>
	3) Confirm flashback arrester fitted	<input type="checkbox"/>	<input type="checkbox"/>
	Gas cylinders MUST NOT be taken inside tanks or confined spaces and when not in use MUST be turned off at the main cylinder valve		
HAZARDOUS MATERIAL:	1) Is Hot Work kept free of loose flammable and combustible materials and empty drums? If not, confirm appropriate action taken?	<input type="checkbox"/>	<input type="checkbox"/>
	2) Where asbestos, lead or other critical materials are present in the work area, the appropriate Statutory Regulations and Codes of Practice must be strictly observed. Is Contractor/Employee familiar with these requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	3) Are hazardous material transfers disconnected within twenty-one (21) meters of Hot Work?	<input type="checkbox"/>	<input type="checkbox"/>
	4) Is the location of hazardous material spill equipment known by Contractor/Employee?	<input type="checkbox"/>	<input type="checkbox"/>
	5) Are control measures available for hazardous material spillages?	<input type="checkbox"/>	<input type="checkbox"/>
COMPRESSORS FOR BREATHING EQUIPMENT:	The compressor should be sited upwind of the job in an approved safe area free from flammable and toxic vapours. Confirm if a wind sock is in place.	<input type="checkbox"/>	<input type="checkbox"/>
WETTING EQUIPMENT:	During hot work, chipping, caulking or grinding and disk cutting of materials, concrete or other materials likely to cause a hazardous build-up of temperature, provision must be made for thoroughly wetting the work being carried out. Is coolant available?		
HOUSEKEEPING:	1) Are floors swept clean of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
	2) Are remaining combustible or flammable materials ten (10) meters horizontally as well as vertically away from source of heat?	<input type="checkbox"/>	<input type="checkbox"/>
	3) Are vessels, equipment drained, purged, ventilated and cleaned?	<input type="checkbox"/>	<input type="checkbox"/>
	4) Is an inert gas blanket required?	<input type="checkbox"/>	<input type="checkbox"/>
	5) Is welding, cutting fume ventilation or respirator required?	<input type="checkbox"/>	<input type="checkbox"/>
	6) Is building/area air currents and outdoor wind direction known?	<input type="checkbox"/>	<input type="checkbox"/>
	7) Is appropriate signage in place to display danger or warnings of Hot Work in progress?	<input type="checkbox"/>	<input type="checkbox"/>



DRAINS:	Are all drains within fifteen (15) meters of hot work must be covered with a tarpaulin or heavy gauge plastic and sanded? Confirm drains are sealed.	<input type="checkbox"/>	<input type="checkbox"/>
FIRE EXTINGUISHER:	1) Are at least two (2) fire extinguishers, suitable for the job, made available at the work site? Confirm if fire extinguishers are available.	<input type="checkbox"/>	<input type="checkbox"/>
	2) Is fire protection equipment available and operational?	<input type="checkbox"/>	<input type="checkbox"/>
FIRE PREVENTION SYSTEMS:	1) Is there an automated fire sprinkler system in place?	<input type="checkbox"/>	<input type="checkbox"/>
	2) Is the automated fire sprinkler system operational?	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION:	Are vertical and horizontal openings within ten (10) meters sealed or covered for spark or vapour control?	<input type="checkbox"/>	<input type="checkbox"/>
GAS FREE CERTIFICATION:	Before hot work can commence the work site must be certified gas free. Confirm certificate has been issued.	<input type="checkbox"/>	<input type="checkbox"/>
CONFINED SPACE:	A Safe Work Procedure shall be presented before any work shall be permitted in a confined space. Confirm if a Safe Work Procedure for work in a confined space has been presented.	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE:	Has a lock out/tag out of electrical, mechanical, chemical, blanking, cap piping been implemented?	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL:	1) Has a Security Permit been obtained when Hot Work is scheduled to be completed in restricted areas?	<input type="checkbox"/>	<input type="checkbox"/>
	2) Has the Site Supervisor been notified of work location and time of operation?	<input type="checkbox"/>	<input type="checkbox"/>
	3) Have involved persons and contractor employees been notified of hazards?	<input type="checkbox"/>	<input type="checkbox"/>
	4) Have involved persons and contractor employees been notified of emergency evacuation and means of egress?	<input type="checkbox"/>	<input type="checkbox"/>
	5) Has the environment been evaluated for levels of oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
	6) Is there a system to continuously monitor atmospheric conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	7) Is there a means to check for flammable/combustible gas and oxygen levels?	<input type="checkbox"/>	<input type="checkbox"/>
	8) Will a fire watch be provided during work and thirty (30) minutes after the completion of work?	<input type="checkbox"/>	<input type="checkbox"/>
	9) Will work areas and adjacent areas where sparks may have spread checked thirty (30) minutes after work will be completed?	<input type="checkbox"/>	<input type="checkbox"/>

STANDARD CONDITIONS		SPECIFIC CONDITIONS
The standard conditions set out above to be observed for: (TICK IF NOT APPLICABLE)		In addition to the general work permit specific conditions, the following shall apply before work has commenced (Tick Appropriate Block) If Yes is indicated, the specific conditions MUST be written
1) Excavations	<input type="checkbox"/> N/A	Gas freed or purged



2) Welding equipment	<input type="checkbox"/> N/A	1) By ventilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Flame cutting equipment	<input type="checkbox"/> N/A	2) By water flushing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Hazardous materials	<input type="checkbox"/> N/A	3) By steaming	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Compressors for breathing equipment	<input type="checkbox"/> N/A	4) By nitrogen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Housekeeping	<input type="checkbox"/> N/A	5) By pigging	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Wetting Equipment	<input type="checkbox"/> N/A	Gas freed Certification Number: Other Conditions:		
8) Drains	<input type="checkbox"/> N/A			
9) Fire extinguishers	<input type="checkbox"/> N/A			
10) Fire Prevention Systems	<input type="checkbox"/> N/A			
11) Ventilation	<input type="checkbox"/> N/A			
12) Gas free certification	<input type="checkbox"/> N/A			
13) Entry permit	<input type="checkbox"/> N/A			
14) General	<input type="checkbox"/> N/A			
RE-ENDORSEMENT OF PERMIT TO BE BY:		RE-ENDORSEMENT OF PERMIT TO BE BY:		
DAILY/HOURLY		DAILY/HOURLY		

AUTHORIZATION TO CARRY OUT HOT WORK

ISSUED BY:

1. Safety Officer/Fire & Rescue Controller (Print Name): _____ Valid from..... am toam/pm

2. Other responsible person (Print Name): _____ Valid from..... am toam/pm

I UNDERSTAND THE NATURE OF THE WORK AND CERTIFY THAT THE ABOVE CONDITIONS WILL BE OBSERVED AT ALL TIMES

RECEIVED BY CONTRACTOR/EMPLOYEE/...../.....

WORK COMPLETED		WORK HANDED BACK	
Contractor/employer (Print Name and Signature):		Received by Safety Manager/Fire & Rescue Manager (Print Name and Signature):	
Date:		Date:	
Time:		Time:	
THIS PERMIT IS RENEWED		THIS HAS PERSONALLY BEEN CHECKED BY THE UNDERSIGNED. THE CONDITIONS LISTED HAVE NOT CHANGED AND IT IS CONSIDERED SAFE FOR WORK TO COMMENCE	
FROM	TO		

DISPLAY OF PERMIT			
THIS PERMIT SHALL BE CLEARLY DISPLAYED AT THE WORK SITE WITH CONTRACTOR/EMPLOYEE PERFORMING THE WORK			
PERMIT ISSUE			
<ul style="list-style-type: none"> ▪ Permits are to be issued by Safety Officer or Fire and Rescue Controller or the designated person. ▪ This permit is valid as long as work conditions existing at the time of issuance continue. It expires on any change of condition that adversely affects safety of the work area while work is in progress. ▪ Upon completion of work and acceptance the Contractor/Employee shall sign and hand back the permit to the Safety or Fire and Rescue Manager for close-out. ▪ A copy to be given by hand to the Site Manager and a copy to be kept by the person issuing the permit. <p>The location, where the above work is to be done has been inspected, check for compliance with the safety precautions identified on the Hot Work Permit</p>			
WORK SHALL BE STOPPED IMMEDIATELY IF THE EMERGENCY ALARM SIGNALS AN EMERGENCY IN OR NEAR YOUR WORK AREA. FOLLOW THE INSTRUCTIONS OF THE EVACUATION WARDEN			
THE FOLLOWING PERSONS SHALL CERTIFY THAT THE ABOVE EQUIPMENT/SITE IS SAFE TO CARRY OUT HOT WORK BY PERSONS SUBJECT TO THE SPECIFIED REQUIREMENTS			
TITLE:	NAME (PRINT NAME):	SIGNATURE:	DATE:
Originator:			
Safety Representative:			
Welder:			
Fire Watch:			
Contractor/Person Responsible for work			
Works areas and adjacent areas where sparks may have spread are checked out 30 minutes after work.			
CONTACTOR /COMPANY:	NAME (PRINT NAME):	SIGNATURE:	DATE:
Final sign off by Safety/ARFF after inspection representative			
NAME (PRINT NAME):	SIGNATURE:	DATE:	
Safety Officer			
ARFF representative			