

Sample Hot Work Permit

| Section A: To be completed prior to work | | Checks / Precautions (Tick if adequate) |
|--|--|---|
| Permit ID Number: | | Assessment of Activity <input type="checkbox"/> No alternative to hot work <input type="checkbox"/> No practical means of relocating the hot-work activities to a safer area <input type="checkbox"/> No insulated sandwich panel will be worked upon or lie directly adjacent to the hot-work activities conducted <input type="checkbox"/> Hot work is not conducted 60 minutes before closure of the site |
| Location of work: | | |
| Description of work: | | |
| Equipment to be used: | | |
| Date of Issue: ____/____/____ | | |
| Time of issue: * Duration period must not be more than 8 hrs | | |
| Permit Begins | Permit Expires | Area Preparation <input type="checkbox"/> Work area is clear of flammable liquids, gases or vapours and combustible materials. <input type="checkbox"/> Floors swept clean <input type="checkbox"/> Fire resistive barriers deployed – i.e. barricades, warning signs, spark and flash screens in place. <input type="checkbox"/> Area secure <input type="checkbox"/> Area adequately ventilated Fire Protection <input type="checkbox"/> Sprinklers in service (where installed) <input type="checkbox"/> Detection systems isolated and impairment form completed. <input type="checkbox"/> Portable extinguishers and fire hose reels available Firewatch <input type="checkbox"/> If required, has a firewatcher been organised <input type="checkbox"/> Firewatcher appropriately trained <input type="checkbox"/> Periodic checks conducted for 60 minutes after work (with checks undertaken every 10-15 minutes) |
| Date: ____/____/____ | Date: ____/____/____ | |
| Time: ____ am / pm | Time: ____ am / pm | |
| Area Gas Testing | | |
| * Test for the presence of flammable gas and flammable vapour within 15 metres from the hot work area. | | |
| Date of test: ____/____/____ | | |
| Time of test: ____ am / pm | | |
| Percentage of L.E.L Detected: | | |
| Is hot-work safe to proceed: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Testing Officer (Print full name): | | |
| Signature of Testing Officer: | | |
| The following conditions and precautions were observed: | | |
| Operator (Print full name): | | Signature of Operator: |
| Fire Watch (Print full name): | | Signature of Fire Watch: |
| Responsible Officer (Print full name): | | Signature of Responsible Officer: |
| Section B: To be completed after work | | |
| Periodic checks have been conducted for 60 minutes after work (with checks undertaken every 10-15 minutes). The worksite has been inspected by me at the expiry of this hot-work permit and declared safe for normal operations to resume. | | |
| _____ (Print Full Name): | | _____ (Signature): |