

COMPLETING A HOT WORK PERMIT

1.

The HW Authorising Officer¹, the employees carrying out the work and the firewatch complete a risk assessment of the hot work activity.

2.

The HW Authorising Officer documents on the permit:

- a) the date of hot work
- b) the permit expiry time (maximum 12 hours)
- c) the location where the hot work will be undertaken (Section 1 – Identification)
- d) the description of the hot work and a safe work method statement (Section 2 – Description of Hot Work)
- e) the control measures that were identified during the risk assessment (Sections 3 to 11)

3.

The employee(s) undertaking the work and firewatch sign the permit to indicate they understand the controls and requirements of the permit (Section 10).

4.

Once the HW Authorising Officer is satisfied that the risks have been identified and controlled the HW Authorising Officer authorises the permit:

Signs and dates the permit - Section 12

White Copy	Retained by employees carrying out the hot work.
Green Copy	Retained by HW Authorising Officer for the duration of the hot work.
Blue Copy	Retained at a suitable, predetermined location (usually in the hot work permit pad).

5.

The employees carrying out the hot work and the firewatch(es) complete Sections 13 to 14 at the commencement and finish of the hot work.

6.

On completion of the hot work:

White Copy	Returned to the HW Authorising Officer.
Green Copy	Returned to the HW Authorising Officer.
Blue Copy	Returned to the HW Authorising Officer.

When satisfied that the area has been made safe and fire detection has been reactivated (where applicable) the HW Authorising Officer signs off and dates the permit (Section 15).

The HW permit is retained by the HW Authorising Officer:

- until the work to which the permit relates is completed; or
- if a notifiable incident occurs in connection with the work to which the permit relates, for at least 2 years after the date on which the incident occurs.

For further information refer to *Hot work risk management procedure*.

¹ The HW Authorising Officer can not be the person carrying out the hot work.



HOT WORK PERMIT

HOT WORK PERMIT NO: _____

DATE OF HOT WORK: _____

PERMIT EXPIRES: _____

THIS PERMIT MUST BE COMPLETED AND SIGNED PRIOR TO ALL HOT WORK ACTIVITIES AND RETAINED FOR AT LEAST ONE MONTH

1. IDENTIFICATION	BUILDING/LOCATION (eg level, room no.):	
	ADDRESS:	
	ORGANISATION: _____ WORK ORDER/BR NUMBER: _____	
2. DESCRIPTION OF HOT WORK	HAS THE IMMEDIATE VICINITY BEEN ASSESSED FOR CONFLICTING ACTIVITIES?: YES <input type="checkbox"/>	
	SAFE WORK METHOD STATEMENT(S) AVAILABE: YES <input type="checkbox"/>	
3. CONFINED SPACE ENTRY	WILL THE HOT WORK BE CONDUCTED IN A CONFINED SPACE? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is yes a Confined Space Entry Permit must also be completed CSE PERMIT NO: _____	
4. ISOLATION	ELECTRICAL ISOLATION: YES <input type="checkbox"/> NO <input type="checkbox"/> PIPELINE ISOLATION: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	MECHANICAL ISOLATION: YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	FIRE DETECTION SYSTEM YES <input type="checkbox"/> NO <input type="checkbox"/>	
	CONTACT WITH MAINTENANCE IS REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	REQUIRED ISOLATION IS CHECKED BY: _____	
5. COMBUSTIBLE MATERIALS	ALL REMOVABLE COMBUSTIBLE MATERIALS HAVE BEEN CLEARED FROM THE AREA? YES <input type="checkbox"/>	
6. SPARKS/HEAT	CAN SPARKS/HEAT COME INTO CONTACT WITH FLAMMABLE LIQUIDS/GASES/DUST, PLANT/EQUIPMENT, PROPERTY/BUILDINGS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	CONTROLS	
	ISOLATE SERVICES (point 4) <input type="checkbox"/> COVERED PENETRATIONS <input type="checkbox"/> BARRIERS <input type="checkbox"/>	
	SCREENS <input type="checkbox"/> FIREWATCH (point 10) <input type="checkbox"/> PURGING/VENTILATION (point 3) <input type="checkbox"/>	
7. FUMES	WILL FUMES BE PRODUCED BY THE HOT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	VENTILATION <input type="checkbox"/> OTHER <input type="checkbox"/> (List) _____	
8. COMMUNICATION	CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO HOT WORK? YES <input type="checkbox"/> N/A <input type="checkbox"/> DESCRIBE (Radio, visual speaking etc): _____	
9. PPE AND OTHER EQUIPMENT	Tick items of PPE and other equipment required by persons conducting hot work	
	GLOVES <input type="checkbox"/> EYE PROTECTION <input type="checkbox"/> OVERALLS <input type="checkbox"/> HEARING protect <input type="checkbox"/> HELMET <input type="checkbox"/>	
	BOOTS <input type="checkbox"/> FIRE BLANKET <input type="checkbox"/> SCREENS <input type="checkbox"/> LIGHTING <input type="checkbox"/> FALL ARREST <input type="checkbox"/>	
	SIGNAGE <input type="checkbox"/> RESPIRATORY protect <input type="checkbox"/> WELDING MASK <input type="checkbox"/> LADDER <input type="checkbox"/> PLATFORM <input type="checkbox"/>	
	FIRST AID <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> FIRE HOSE <input type="checkbox"/> BARRICADES <input type="checkbox"/> TWO WAY RADIO <input type="checkbox"/>	
	VENTILATION (point 7) <input type="checkbox"/> OTHER <input type="checkbox"/> (List) _____	
10. PERSONNEL	OPERATOR(S) Hot work will be conducted as per the controls listed in this permit.	
	NAME _____ SIGNATURE _____	
	NAME _____ SIGNATURE _____	
	FIREWATCH	
	NAME _____ SIGNATURE _____	
11. EMERGENCY PLANS	EMERGENCY CONTACT NUMBERS (List): _____	
	EMERGENCY EQUIPMENT (List) _____	
12. SAFE TO COMMENCE HW AUTHORISING OFFICER	THE HOT WORK DESCRIBED ON THIS PERMIT IS IN MY OPINION SAFE TO COMMENCE USING PRECAUTIONS LISTED ABOVE AND ALL PERSONS ARE PROPERLY TRAINED TO PERFORM THIS WORK.	
	NAME _____ SIGNATURE _____ DATE _____ TIME _____	
13. UNIVERSITY OF MELBOURNE START TIME	CONTACT THE UNIVERSITY OF MELBOURNE FOR START TIME (List name and telephone number)	
	CONTACT: _____ NUMBER: _____	
	TIME PHONED (Start Time): _____	
14. UNIVERSITY OF MELBOURNE FINISH TIME	CONTACT THE UNIVERSITY OF MELBOURNE FOR FINISH TIME (List name and telephone number)	
	CONTACT: _____ NUMBER: _____	
	TIME PHONED (Finish Time): _____	
15. SIGN OFF HW AUTHORISING OFFICER	THE AREA HAS BEEN MADE SAFE, TOOLS/EQUIPMENT HAVE BEEN REMOVED FROM THE SITE, FIRE DETECTION HAS BEEN ACTIVATED (IF APPLICABLE). THIS JOB IS NOW CLOSED	
	NAME _____ SIGNATURE _____ DATE _____ TIME _____	

SAMPLE ONLY
DO NOT USE
CONTACT HEALTH & SAFETY
FOR ACTUAL PERMIT