|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A5_Blue[1] to black May 07  ***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: | | | | | | | | | | | | |
| 1. DESCRIPTION OF HOT WORK |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| HAS THE IMMEDIATE VICINITY BEEN ASSESSED FOR CONFLICTING ACTIVITIES?: YES | | | | | | | | | | | | | | | | | | | |
| SAFE WORK METHOD STATEMENT(S) AVAILABE: YES | | | | | | | | | | | | | | | | | | | |
| 1. CONFINED SPACE ENTRY | WILL THE HOT WORK BE CONDUCTED IN A CONFINED SPACE? YES  NO  If answer is yes a Confined Space Entry Permit must also be completed CSE PERMIT NO: | | | | | | | | | | | | | | | | | |  | |
|  | |
| 1. ISOLATION | ELECTRICAL ISOLATION: YES  NO | | | | | | | | | PIPELINE ISOLATION: YES  NO | | | | | | | | | | |
| MECHANICAL ISOLATION: YES  NO | | | | | | | | | OTHER: YES  NO | | | | | | | | | | |
| FIRE DETECTION SYSTEM YES  NO | | | | | | | | |  | | | | | | | | | | |
| CONTACT WITH MAINTENANCE IS REQUIRED: YES  NO | | | | | | | | | | | | | | | | | | | |
| REQUIRED ISOLATION IS CHECKED BY: | | | | | | | | | | | | | | | | | | | |
| 1. COMBUSTIBLE MATERIALS | ALL REMOVABLE COMBUSTIBLE MATERIALS HAVE BEEN CLEARED FROM THE AREA? YES | | | | | | | | | | | | | | | | | | | |
| 1. SPARKS/HEAT | CAN SPARKS/HEAT COME INTO CONTACT WITH FLAMMABLE LIQUIDS/GASES/DUST, PLANT/EQUIPMENT, PROPERTY/BUILDINGS? YESNO | | | | | | | | | | | | | | | | | | | |
| **CONTROLS** | | | | | | | | | | | | | | | | | | | |
| ISOLATE SERVICES (point 4) | | | COVERED PENETRATIONS | | | | | | | | | | | BARRIERS | | | | | |
| SCREENS | | | FIREWATCH (point 10) | | | | | | | | | | | PURGING/VENTILATION (point 3) | | | | | |
| OTHER (List) | | | | | | | | | | | | | | | | | | | |
| 1. FUMES | WILL FUMES BE PRODUCED BY THE HOT WORK? YES  NO | | | | | | | | | | | | | | | | | | | |
| VENTILATION | | | | OTHER  (List) | | | | | | | | | | | | | | | |
| 1. COMMUNICATION | CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO HOT WORK? YES  N/A | | | | | | | | | | | | | | | | | | | |
| DESCRIBE (Radio, visual, speaking etc): | | | | | | | | | | | | | | | | | | | |
| 1. PPE AND OTHER EQUIPMENT | Tick items of PPE and other equipment required by persons conducting hot work | | | | | | | | | | | | | | | | | | | |
| GLOVES | EYE PROTECTION | | | | | OVERALLS | | | | | HEARING protect | | | | | HELMET | | | |
| BOOTS | FIRE BLANKET | | | | | SCREENS | | | | | LIGHTING | | | | | FALL ARREST | | | |
| SIGNAGE | RESPIRATORY protect | | | | | WELDING MASK | | | | | LADDER | | | | | PLATFORM | | | |
| FIRST AID | FIRE EXTINGUISHER | | | | | FIRE HOSE | | | | | BARRICADES | | | | | TWO WAY RADIO | | | |
| VENTILATION (point 7) | | | | | | OTHER (List) | | | | | | | | | | | | | |
| 1. PERSONNEL | **OPERATOR(S)** Hot work will be conducted as per the controls listed in this permit. | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | SIGNATURE | | | | | | | | | | | |
| NAME | | | | | | | | SIGNATURE | | | | | | | | | | | |
| **FIREWATCH** | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | SIGNATURE | | | | | | | | | | | |
| 1. EMERGENCY PLANS | EMERGENCY CONTACT NUMBERS (List): | | | | | | | | | | | | | | | | | | | |
| EMERGENCY EQUIPMENT (List) | | | | | | | | | | | | | | | | | | | |
| 1. 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 |
| 1. UNIVERSITY OF MELBOURNE START TIME | **CONTACT THE UNIVERSITY OF MELBOURNE FOR START TIME** (List name and telephone number) | | | | | | | | | | | | | | | | | | | |
| CONTACT: | | | | | | | | | | NUMBER: | | | | | | | | | |
| TIME PHONED (Start Time): | | | | | | | | | | | | | | | | | | | |
| 1. UNIVERSITY OF MELBOURNE FINISH TIME | **CONTACT THE UNIVERSITY OF MELBOURNE FOR FINISH TIME** (List name and telephone number) | | | | | | | | | | | | | | | | | | | |
| CONTACT: | | | | | | | | | | NUMBER: | | | | | | | | | |
| TIME PHONED (Finish Time): | | | | | | | | | | | | | | | | | | | |
| 1. 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 |