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| 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? YES**[ ]** NO **[ ]**  |
| **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 |