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| **Permit No.:** |  | |
| **Contract Name:** | |  | | | | **Contract No:** |  | |
| **This Permit to work is issued for the following work. No work other than that detailed must be carried out.**  **This Permit is valid for 1 day only and separate Permits are required for different locations/tasks on site:** | | | | | | | | |
| **Task / Work operation / Description of work:** | | | | | **Location and surrounding Environment of work:** | | | |
|  | | | | |  | | | |
| **Corresponding Method Statement / Work Package Plan / Task Brief No.** | | | | |  | | | |
| **Permit Valid from/to:** | | | **Date:** | |  | | | |
| **Time from:** | |  | **Time to:** |  | |
| *Method of isolation/making safe:* | | | | | | | | |
| **Fire safety precautions - To be confirmed by Permit Issuer before work starts - ( 🗸 / X or n/a)** | | | | | | | | |
| Plant/Equipment checked in good order? | | | |  | Area clear from flammable / combustible materials? | | |  |
| Atmosphere checked for gases etc.? | | | |  | Non-movable combustible materials covered | | |  |
| Fire-fighting equipment checked? | | | |  | Ventilation systems available? | | |  |
| Adjacent areas safe and clear? | | | |  | Fire resistant screens in place? | | |  |
| Liaison with tenants required in removal/covering of combustible materials (if applicable) | | | | | | | |  |
| Is appropriate PPE being worn at all times (e.g. Welding masks, suitable safety goggles, flame retardant coveralls etc.?) | | | | | | | |  |
| Is a suitable Fire extinguisher (e.g. 9kg Dry powder) sited near to location of Hot Works activity | | | | | | | |  |
| Is an acting Fire Watchman observing Hot Work activity? | | | | | | | |  |
| **HOLD POINT If ‘x’ to any of the above, Hot Work activity will not be undertaken until rectified** | | | | | | | | |
| **Is work to be carried out when plant, equipment or systems are in operation?** | | | | | | | |  |
| **Extra Precautions to be taken if plant, machinery or systems are in place:** | | | | | | | | |
| Additional precautions | 2no 9kg Dry Powder Fire extinguisher to be in close proximity of hot works.  Liaison with tenants required re-removal of combustible materials | | | | | | | |
| Work to cease 1 hour before vacation of site and area to be checked by site supervisor | | | | | | | |
| **Welding** | | | | | | | | |
| * Portable welding units will be stored in designated storage areas * Operators will ensure that all joints between cable connectors are adequately protected so that live metal is not exposed if parts of the connector are separated. * Operators will ensure screens are used * When the operation is completed the set will be switched off and the connectors removed from the set. * Cables will be stored away.  WELDING SET RETURNED TO DESIGNATED AREA. | | | | | | | | |

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| **No:** | **Permit Stage:** | **Details:** | **Print Name:** | **Signature:** | **Date & Time:** |
| 1. | Issue | Precautions identified & implemented. Isolations complete. Personnel briefed. |  |  |  |
| 2. | Receipt | Acceptance of responsibility for work area covered by this permit and site specific risk / method statements. |  |  |  |
| 3. | Permit Cancelled | Permit cancelled / Work not carried out. |  |  |  |
| 4. | Permit Closed Out | Work Areas & all adjacent areas (where sparks & heat may spread) were inspected **1 hour** after work finished and found to be safe. |  |  |  |
| **This permit should be used in conjunction with the task specific RAMS /TBS for the activity which the hot working operation is a part of.** | | | | | |

| **BRIEFED TO:** *( by signing below I confirm that I have received and understood the briefing)* | | | |
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| **Name** | **CSCS Number** | **Signature** | **Date** |
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