


Form	<b>HITACHI</b> 
<b>SAFETY PERMIT HOT WORK FORM</b>	

Permit to Work Number:

**Part 1 – General Details (to be completed by Requesting Party)**


<b>Work Description</b>			<b>Date</b>		
<b>Schedule Start &amp; Finish</b> <i>dd/mm/yyyy</i>	<b>Start:</b>		<b>Working Period</b>	<input type="checkbox"/> Engineering Hours	
	<b>Finish:</b>			<input type="checkbox"/> Revenue Services Hours	
<b>Type of Work</b>	<input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance <input type="checkbox"/> Installation <input type="checkbox"/> Testing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify)				
<b>Work Description</b>					
<b>Work Location</b>	<b>Track</b>	From (Chainage)		To (Chainage)	
	<b>Station</b>	From		To	
	<b>Depot</b>	Building Number		Room Number	
	<b>Other Areas</b>	(specify)			

**Part 2 – Requesting Party**

This acknowledgement signifies a formal request to commence a work activity as stated in Part 1. As the person requesting this permit, I confirm that I have developed and reviewed the Method Statement and Risk Assessment relevant to this work activity and have consulted with relevant persons to ensure that safe systems of work are adequate. I shall ensure that the persons required to carry out the work are advised of and understand the requirements of the Method Statement and Risk Assessment and monitor the hazards and control methods throughout the work activity.

<b>Requesting Party:</b>		<b>Contact Number:</b>	
<b>Position:</b>		<b>Email Address:</b>	
<b>Signature:</b>			

<b>Approved By:</b>	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
<b>Signature:</b>			
<b>Date:</b>			

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**Part 3 – Precautions (to be completed by OSC )**

<input type="checkbox"/> Disc cutter/grinder	<input type="checkbox"/> Welding	<input type="checkbox"/> Hot flame cutting	<input type="checkbox"/> Hot Air guns
<input type="checkbox"/> Others (specify):			
<i>Please Tick as applicable</i>	<b>Yes</b>	<b>No</b>	<i>Risk Controls in Place / Details if Required</i>
Is there a risk of heat transfer from hot objects that may create a risk of damage to a buried service?	<input type="checkbox"/>	<input type="checkbox"/>	
Area to be kept clear of flammable material	<input type="checkbox"/>	<input type="checkbox"/>	
Bucket of cool clean water to be at work area	<input type="checkbox"/>	<input type="checkbox"/>	
Welding cables in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Earth lead direct to machine within 2 meters of work location	<input type="checkbox"/>	<input type="checkbox"/>	
Gas cylinders upright and secure.	<input type="checkbox"/>	<input type="checkbox"/>	
All gas cylinders fitted with anti-flashback device	<input type="checkbox"/>	<input type="checkbox"/>	
Areas to have barriers / screens	<input type="checkbox"/>	<input type="checkbox"/>	
Fire resistant sheets required to prevent sparks in adjacent areas	<input type="checkbox"/>	<input type="checkbox"/>	
Operatives wearing flame retardant protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Fire protection/detection systems isolations required	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Precautions (Please state)	<input type="checkbox"/>	<input type="checkbox"/>	

**Part 4 – Approval to Implement**

This authorization signifies that the planning component of work activity has been completed and that the work is authorized to implement

<b>Special Instructions</b>  	<b>Approving Person</b>	
	<b>Position</b>	
	<b>Signature</b>	
	<b>Date</b>	

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**Part 5 – On Site Coordinator of Safety Open and Closing of Permit**

	<b>WORK START</b>		<b>HAND BACK AND CANCELLATION</b>	
	I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and permit information has been explained to all workers involved. I accept responsibility for this work.		I confirm that the work has been completed/partially completed*, checked by myself and the area left in a safe and tidy condition (*delete as appropriate)	
<b>On Site Coordinator</b>				
<b>Name Number</b>				
<b>Company</b>				
<b>Contact No.</b>				
<b>Signature</b>		Date & Time		Date & Time
<b>Authorization Number</b>				