

Hot Work Permit

Applicable to:

CUTTING, WELDING, GRINDING, SOLDERING, BRAZING, BLOW LAMPS OR BLOW TORCHES, PYROTECHNIC SPECIAL EFFECTS, CANDLES, FLAMBEAUS & GAS HEATERS or the use of any equipment producing HEAT, SPARKS, NAKED FLAME, & SMOKE.

THIS PERMIT IS ONLY VALID FOR THE DATE AND TIME ON THE PERMIT. MAXIMUM % WORKING DAYS

Weekly Permit

Daily Permit

Starting Date:.....

This permit must be renewed weekly.

ON EVERY OCCASION WHEN OTHER HOT WORK IS CARRIED OUT A NEW PERMIT IS TO BE ISSUED DAILY.

PART ONE

To be completed prior to Hot Work

Contracting Company: _____

Exact location of work: _____

Scope of Works: _____

Between _____ and _____ hrs

At all times the contractor is responsible for ensuring compliance by all his/her workers to the Hot Work Fire Safety Precautions below:

- The above location will be thoroughly inspected and appropriate safety precautions will be carried out before commencement of Hot Works.
- All solid combustible material will be removed from the immediate area.
- The operative will make themselves aware of the nearest fire alarm point.
- The operatives will be fully competent in the use and operation of the hot works equipment.
- The correct PPE will be worn at all times.

Additional Restrictions:

- The person authorised by this permit must stop the work if a hazardous situation develops during hot works at the location or adjoining areas.
- The location must not be left unattended during breaks at work.

- Appropriate warning notices will be placed at all access points to the location prior to commencement of any hot works.

Signature of issuing person: _____ Date: _____

Signature of Contractor responsible for the work: _____

Print name: _____

After signing below this permit must be returned to the Operations Manager to be retained by the Company.

PART TWO

To be completed after Hot Work

This is to confirm that I have thoroughly inspected all work and adjacent areas to which heat and sparks might have spread on completion of Hot Work Operations, and two hours after. No smouldering embers or smoke were discovered.

Where applicable automatic fire alarm and detection systems/zones have been re- instated.

Signature of person responsible for the work: _____

Print Name _____

Signature of receiving person: _____ Date: _____