

# HOT WORK

**THIS PERMIT NEEDS TO BE DISPLAYED AT ALL TIMES**

	Job Details	Permit #
	Special Tools to be Used	

Job Location / Facility Name	Is any other work currently being undertaken that may interact or affect this Permit? (Reference Permit # where applicable)
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This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask. Remember, all accidents are preventable and it is people who get hurt and suffer pain. Please use this permit in the spirit intended to protect yourself and others. Please ensure that you sign this work permit. Do not proceed with your work until this permit has been signed by an authorized company representative.

<b>HAZARDS AND PRECAUTIONS TO BE TAKEN</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>
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<b>PRIMARY HAZARDS - fumes, electrical, gases, liquids, radiation, fire, smouldering</b>							
Please answer the following questions truthfully	Yes	No	N/A		Yes	No	N/A
#1 Are all workers qualified and trained to perform the required tasks?				Goggles / Eye Protection			
#2 Are all workers medically fit to perform this work?				Protective / Insulating Gloves			
#3 Is an automatic fire sprinkler system and / or fixed fire extinguishing system active?				Safety Footwear			
#4 Are fire extinguishers, a standpipe system and / or a small hose system on hand?				Hearing Protection			
#5 Are all workers aware of emergency evacuation procedures; including exit routes and the procedure for sounding emergency alarms?				Hard Hat / Helmet			
#6 Have all flammables and combustibles been removed from the work area and / or permit space?							
#6a Have all immobile combustibles been protected / shielded from ignition sources and made safe?							
#7 Are guards required to confine the heat, sparks, slag and protect any immovable fire hazards?							
#8 Are all walls and floors (including openings, cracks, holes, doorways, open or broken windows and combustible construction) suitably protected by fire-resistant shields or guards?							
#9 Have all hollow spaces, cavities and / or containers been vented to permit the escape of air and gases before preheating, cutting or welding? (Purging with inert gas is recommended)							
#10 Are fire blankets being used in place of fire extinguishers?							
#11 Is there a trained Fire Watcher on site throughout the work and for a minimum of 30 minutes after completion?							
#12 Are gas monitoring procedures in effect and being continuously monitored?							
#13 Is intrinsically safe equipment to be used?							
#14 Is atmospheric testing required? (If yes, please complete section below)							
#15 Are you likely to come into contact with asbestos?							
#16 Is the appropriate PPE available to all workers? (Check applicable box(s) under "Personal Protective Equipment")							
#17 Will all work be completed in accordance with current OSHA standards?							

	<b>AUTHORIZATION AND ACCEPTANCE</b>
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I confirm that I have verified the information contained on this permit and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined and the permit information has been explained to all workers involved. I accept responsibility for this work.

Person in Charge .....

Company .....

Signature ..... Date ..... Time .....

Authorizing Person .....

Expiry Date ..... Time .....

	<b>PROJECT COMPLETION</b>
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I confirm that the work has been completed / partially completed\*, inspected by myself, fire watch completed and the area left in a safe and tidy condition. (\*delete as appropriate)

Person in Charge Name ..... Signature .....

I have inspected the completed / partially completed\* work and hereby cancel this permit. (\*delete as appropriate)

Authorizing Person ..... Date ..... Time .....

Other Precautions Required	
Other Safety Equipment Required	