

# Hot Work Permit

Valid for the date shown on the bottom of this sheet Only

Premises Address	
Company :	.....
Address :	.....
Postcode :	.....

Location Of Work At Premises
.....

Description Of Work
.....
.....
.....

Work Commencing	
Date __/__/____	Time __: __

Work Ending	
Date __/__/____	Time __: __

Precautions	Yes	No	N/A
Has the area been inspected for combustibile materials and has the risk been assessed for the probability of smoke, fire and false alarms ?			
Have the neighbouring areas and materials been assessed ? (e.g. Heat being conducted along pipe work or metal surfaces).			
Has the travel distance and direction of hot sparks been assessed ? (e.g. If you are using a angle grinder)			
Have combustibles been removed, covered or damped down ?			
Are there fire extinguishers that are ready to use and near ?			
Have all operators been trained in the use of fire extinguishers ?			
Have smoke and heat detectors been protected against false alarms ? (e.g. Making a large and easy seen temporary cover).			

Working Procedures And Precautions	Yes	No	N/A
Have "NOT IN USE" signs been fixed to disconnected equipment and the equipment locked down and made safe ?			
Is there secure storage for new and used gas bottles off site ?			
Have you informed all the people located within the area what procedure you are about to undertake ?			
Have areas been cordoned off if necessary ?			
Are the perimeters patrolled ?			

Any Additional Information
.....
.....
.....
.....

Declaration that the above has been correctly carried out	
Name : .....	Signature : .....
Date : __/__/____	

Authority	
Name : .....	Signature : .....
Date : __/__/____	

