

Hot work

Hot-work permit checklist >

1. Site location

Date: _____ / _____ / 20_____ Permit No: _____

2. The hot work that is covered by this permit

3. The location of the hot work

4. The equipment to be used

5. The firefighting equipment to be laid out at the worksite

6. Whether the following checks been made

Note: All questions are to be answered and initialled by the issuing responsible officer. 'N.A.' means 'not applicable'.

	Yes	N.A.	Initial
6.1 Have drains, pits and depressions been checked, isolated and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.2 Have combustible materials been removed from the work area or made safe?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.3 Have tanks, valves, vents and pipelines been blanked off or effectively isolated?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.4 Is ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.5 Are spark and flash screens in place?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.6 Have leaks from valve and pump glands, flanges and the like been controlled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.7 Have pressure relief valves been vented to safe areas?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.8 Has contaminated ground been covered?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.9 Is the fire equipment checked and laid out ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.10 Is the pump or fire brigade on standby?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.11 Is a firewatch required?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.12 If required, has a firewatch been organized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.13 Is the wind direction satisfactory for hot work to be done?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.14 Has product movement been stopped in the area of hot work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.15 Has the site of the hot work been isolated and roped off?	<input type="checkbox"/>	<input type="checkbox"/>	_____

putting safety first >



6.16 Gas Testing

Equipment make and model _____
 Serial No _____
 Date of last equipment check _____
 Date of test _____
 Time of test _____
 Result of tests _____
 Percentage LEL _____
 Is hot-work safe to proceed? _____
 Initials of tester _____

7. The following conditions and precautions were observed

8. This permit is valid from _____ am/pm on ____ / ____ / 20 to _____
 _____ am/pm on ____ / ____ / 20

9. Name of contractor performing the work _____
 Order or contract no. _____

10. Name and signature of firewatch (where required) _____

11. Permit received by _____
 (print name) (signature)

12. Person in charge of location _____
 (print name) (signature)

13. Responsible officer _____
 (print name) (signature)

Return permit

This permit was returned/cancelled by:

_____ (print name) _____ (signature)

to:

_____ (print name) _____ (signature)

at:

_____ am/pm _____ on ____ / ____ / 20

The worksite has been inspected by me at the expiry/cancellation of this not-work permit and declared safe for normal operations to resume

_____ (print name) _____ (signature)

This hot work permit should be prominently displayed on the worksite