EXAMPLE PERMIT TO WORK APPLICATION FORM FOR

hot work

FIRE CALL



All copies of permits will remain at the job site until the task is completed. After cancelation, this permit will be retained. This permit to work may need to be accompanied by other permits such as a confined space entry permit.

PROPOSED DATE OF TASK		PROPOSED TIME OF TASK
LOCATION		
WORK TO BE PERFORMED		PROPOSED EXPIRYTIME
SPECIAL PRECAUTIONS		
CONTRACTOR OR EMPLOY	EE DOINGTHE HOT WORK	CONTRACTOR'S OR EMPLOYEE'S SUPERVISOR
FIREWATCHMAN		TIME OF LAST INSPECTION
Is any other work currently being undertaken that may interfere with or have		
an impact on this permit? (Quote the reference number where applicable.)		
CHECKLIST FOR APPLIC	ATION TO PERFORM HOT	
ARE YOU TRAINED / QUALIFIED TO PERFORM THIS TASK?		
IS THIS WORK TO BE DONE IN A NON-PERMIT RESTRICTED AREA?		
HAS ALL AFFECTED STAFF BEEN NOTIFIED OF THE WORK BEING DONE?		
HAVE BARRICADES AND SAFETY SIGNS BEEN POSTED?		
HAS THE SPRINKLER SYSTEM / FIXED FIRE INSTALLATION SYSTEM BEEN LEFT IN SERVICE?		
ARE THERE EXTINGUISHERS OR A HOSEPIPE AT HAND?		
ARE THE FIRE EXTINGUISHERS IN A SERVICEABLE CONDITION?		
IS THERE A COMPETENT PERSON TRAINED IN THE USE OF FIRE EXTINGUISHERS IN ATTENDANCE?		
WILL FIRE WATCHMAN KEEP CONTINUOUS FOCUS OF THE TASK? ARE DISTRACTIONS AVOIDABLE?		
WILL FIRE WATCHMAN BE AVAILABLE FOR SPOT CHECKS FOR 2 HRS AFTER PERMIT CANCELLATION?		
ARE THE MEANS TO SOUND THE FIRE ALARM AT HAND?		
IS THE AREA CLEARED OF COMBUSTIBLE MATERIALS AND/OR PROTECTED?		
HAVE THE FLAMMABLE LIQUID CONTAINERS BEEN REMOVED AND/OR PROTECTED?		
WALLS / FLOORS (INCL GULLEY & COMBUSTIBLE CONSTRUCTION) PROTECTED BY FIRE BLANKETS? ARE THE VESSELS / LINES ISOLATED AND PURGED OF FLAMMABLE LIQUIDS?		
IS THE AREA WETTED DOWN OR IS A FIRE BLANKET BEING USED?		
IS CONTINUAL GAS MONITORING BEING USED?		
IS INTRINSICALLY SAFE EQUIPMENT BEING USED?		
IS ATMOSPHERIC TEST REQUIRED? (APPLY FOR CONFINED SPACE ENTRY PERMIT.)		
IS THERE SUFFICIENT VENTILATION?		
WILL SMOKE EXTRACTION BE NEEDED?		
IS ALL PERSONAL PROTECTIVE EQUIPMENT AVAILABLE?		
PERMIT AUTHORISATION		
I certify that all actions and conditions necessary for hot work to be performed have been completed		
	NAME	NCNIATI IDE
	NAME S	SIGNATURE
	DATE	TIME

RESCUE CALL

AMBULANCE CALL