

# Hot Work Permit

188 COLLINS STREET – HOBART

THIS PERMIT IS TO BE DISPLAYED IN A PROMINENT POSITION  
ADJACENT TO THE POINT OF ENTRY TO THE WORKSITE.

For arc/flame/electric cutting, flame heating and arc or gas welding, grinding or spark producing operations

Period of issue: From \_\_\_\_\_ am / pm To \_\_\_\_\_ am / pm Date: \_\_\_\_\_ Permit No. \_\_\_\_\_  
(permit duration can not be more than 8 hours)

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Work: **Oxy Cutting / Welding / Grinding / Heat Gun / LPG Flame / Other**

Work covered by Permit: \_\_\_\_\_

Equipment to be used: \_\_\_\_\_

Firefighting equipment to be laid out at work site: \_\_\_\_\_

Special precautions to be taken: **CLEAN AREA OF FLAMMABLE MATERIALS, HAVE A FIRE  
EXTINGUISHER ON HAND AND OBSERVE INSTRUCTIONS ON THIS FORM.**

Tradesman's Name (print) \_\_\_\_\_ Company: \_\_\_\_\_

Communications Equipment: \_\_\_\_\_

All questions to be answered and initialled by issuing responsible officer. N/A means 'not applicable'

(1) Have all flammable and combustible materials (including liquids, gases, vapours, dusts, fibres or substances) been moved to at least 15m from the site of cutting, heating or welding operations, or has adequate shielding been provided	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(2) Is a sprinkler system installed in the area and is it operational?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(3) Do fire heat or smoke detectors require isolating (list circuits below)?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(4) Have drains, pits and depressions been checked, isolated or sealed?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(5) Have tanks, valves, vents and pipelines been blanked off or effectively isolated?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(6) Is a fire watch required at worksite, as well as floors above or below?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(7) Is ventilation adequate?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(8) Is wind direction satisfactory for hot work to be done?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(9) Has the site of the hot work been isolated and roped off?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(10) Is fire equipment checked and laid out ready for use?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(11) Have pressure relief valves been vented to safe areas?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(12) Is there a safe entry to and exit from the hot work area?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(13) Is burning, cutting, welding or grinding equipment inspected and found in safe condition?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(14) Are floor areas swept clean?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(15) Has structural and other combustible materials been wetted, shielded, or otherwise protected from sparks, slag or hot metal particles?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____
(16) Is there provision for safe disposal of work off-cuts and electrode stubs?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial _____

The following conditions and precautions were observed ( list fire circuits isolated):

_____
_____
_____

PLEASE TURN OVER

## INSTRUCTION TO CONTRACTOR

**This work permit is valid only for the location and period indicated and is to be returned to the responsible officer on completion of the work.**

If hot work is in the presence of flammable gas or vapour work is not to proceed until a gas test is undertaken to AS 1674 standards

Gas Testing Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Equipment make and model: \_\_\_\_\_

Date of last equipment check: \_\_\_\_\_

Results of test (% L.E.L): \_\_\_\_\_

Do results from the gas test indicate that work is safe to proceed? Yes ☐ No ☐

Name of Tester: \_\_\_\_\_ Signature: \_\_\_\_\_

### GENERAL PRECAUTIONS TO BE TAKEN AGAINST FIRE AS PER AS 1674

**All hot work is to cease ONE HOUR before the expiry of this PERMIT  
and a watch of the area to safe guard against FIRE is to be undertaken if required**

All necessary precautions have been taken to avoid possible fire or explosion hazards and permission is given for arc and/or flame cutting, flame heating and arc or gas welding operations to be carried out conforming with the above instructions.

Name of fire watch: \_\_\_\_\_ Signature: \_\_\_\_\_  
(if required)

Permit received by : \_\_\_\_\_ Signature: \_\_\_\_\_

Issued By: \_\_\_\_\_ Signature: \_\_\_\_\_

**Responsible Officer / Bellala Pty Ltd / Honeywell Limited**

(circle as appropriate)

### ON COMPLETION OF HOTWORK

Has work area been monitored for one hour after completion of hotwork. Yes ☐ No ☐

Signed: \_\_\_\_\_ Tradesman

Signed: \_\_\_\_\_ Responsible Officer / Bellala Pty Ltd / Honeywell Limited

(circle as appropriate)

### Return of Permit:

This permit was returned/cancelled by: \_\_\_\_\_  
(print name) (signature)  
**(Responsible Officer)**

Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm

The work site has been inspected by the undersigned at the expiry/cancellation of this **HOT WORK PERMIT** and declared **SAFE** for normal operation to resume:

\_\_\_\_\_  
(print name) (signature)

ANY CONTRACTOR SETTING OFF FIRE ALARMS OR USING BUILDING FIRE EQUIPMENT WILL INCUR ALL COSTS TO AFFECT REPLACEMENT AND REPAIRS.

*In the event of a fire having occurred, notify the Responsible Officer.*