



HOT WORK PERMIT / IMPAIRMENT NOTICE

Situation (area / building / floor) _____

What hot work / impairment does this permit cover? _____

What equipment is to be used? _____

Checklist

	YES	NO
Drains, pits and depressions been checked, isolated and sealed	<input type="checkbox"/>	<input type="checkbox"/>
Combustible materials been removed from the work area or made safe	<input type="checkbox"/>	<input type="checkbox"/>
Tanks, valves, vents and pipelines been blanked off or effectively isolated	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler shutdown	<input type="checkbox"/>	<input type="checkbox"/>
Spark / flash screens in place	<input type="checkbox"/>	<input type="checkbox"/>
Leaks from valve / pump glands, flanges etc been controlled	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief valves been vented to safe areas	<input type="checkbox"/>	<input type="checkbox"/>
Fire equipment checked and laid out	<input type="checkbox"/>	<input type="checkbox"/>
Fire pump or Fire Brigade on standby	<input type="checkbox"/>	<input type="checkbox"/>
Firewatch required (30 minutes after completion of work) and organized	<input type="checkbox"/>	<input type="checkbox"/>
Wind conditions for hot work to be done	<input type="checkbox"/>	<input type="checkbox"/>
Product movement been stopped in the hot work area	<input type="checkbox"/>	<input type="checkbox"/>
Site of hot work been isolated / roped off	<input type="checkbox"/>	<input type="checkbox"/>
All wall and floor openings sealed	<input type="checkbox"/>	<input type="checkbox"/>
Hot work equipment in good repair	<input type="checkbox"/>	<input type="checkbox"/>
Combustibles on other side of wall moved away	<input type="checkbox"/>	<input type="checkbox"/>
Construction is non-combustible and without combustible coverings	<input type="checkbox"/>	<input type="checkbox"/>

This permit is valid from _____ am/pm on _____ / _____ / _____ to _____ am/pm on _____ / _____ / _____

Name of employee / contractor performing the work: _____

Permit received by: _____ Print: _____ Signature: _____

Person in charge of work: _____ Print: _____ Signature: _____

Permit returned / cancelled by _____ Print: _____ Signature: _____

This worksite has been inspected by my _____ at the expiry / cancellation of this HOT WORK PERMIT / IMPAIRMENT and is declared SAFE for normal operations to resume:

Responsible officer: _____ Print: _____ Signature: _____