|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Name:** | |  | | | | | | **Permit Number:** | |  | |
| **Part A: To be completed by person in charge of works prior to issue.**  This permit is issued to control activities which are at high risk from starting a fire. | | | | | | | | | | |
| **Permit Requested by:** | | | **Name:** |  | | | | | **Position:** | |  |
| **Company** |  | | | | |
| **Detailed Description of Proposed Works and Location:** | | |  | | | | | | | | |
| **Checklist** | | | | | **Yes** | **No** | **Comments** | | | | |
| Is there an alternative method available for the works? | | | | |  |  |  | | | | |
| Is there any alternative equipment that could be used for the task? | | | | |  |  |  | | | | |
| Is there an approved Risk Assessment & Method Statement for the works being carried out? | | | | |  |  |  | | | | |
| Has the equipment been inspected, and does it have an ID number? | | | | |  |  |  | | | | |
| Is the area free from combustible materials | | | | |  |  |  | | | | |
| Is there safe access and egress to the work area? | | | | |  |  |  | | | | |
| Does your work activity pose an immediate risk to others? | | | | |  |  |  | | | | |
| Is the area and or any of the works being carried out going to classify the area as a confined space? (Poor ventilation, fumes, etc)  **If unsure consult confined space permit!** | | | | |  |  |  | | | | |
| **Hazards Identified:** (including any introduced by the work activities) | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part B: Authorisation Checklist** (to be complete by supervisor in charge of works) | | | | | | | | | | |
| **Control Measures to be in Place Prior to Commencing Work** | | | | | | | | | | |
| **Essential Procedures** | | | | | | | **Yes** | **No** | | **Comments** |
| Risk Assessment & Method Statement approved, and all operatives involved in these works have been briefed?  (Please attach evidence) | | | | | | |  |  | |  |
| All personnel involved in these works have undergone a toolbox talk on all aspects of this permit and any associated information attached? | | | | | | |  |  | |  |
| Additional PPE required? (Please specify) | | | | | | |  |  | |  |
| Have all combustible materials been protected or removed from the area? | | | | | | |  |  | |  |
| Have all flammable liquids been protected or removed from the area? | | | | | | |  |  | |  |
| Have the fire detection/prevention system been disabled? (If so, who has been informed and what control measures are in place) (Records must be attached) | | | | | | |  |  | |  |
| Firefighting equipment in place and operatives competent in its use? | | | | | | |  |  | |  |
| Fulltime fire watcher in place? | | | | | | |  |  | |  |
| Written emergency plan in place and all operatives briefed on it? | | | | | | |  |  | |  |
| Flash screens available? | | | | | | |  |  | |  |
| All safety equipment tested and in good working order? | | | | | | |  |  | |  |
| Any other control measures/information relevant to these works  (Please specify) | | | | | | |  |  | |  |
| **Part B: Approval to Proceed:** | | | | | | **Part B: Received & Accepted By:** | | | | |
|  | | | | | | I declare that all the above safety precautions will be put in place before work commences or that an explanation as to why some or all of the above precautions are not necessary: | | | | |
| **From:** | **Date:** | |  | **Time:** |  |
|  | | | | | |
| **Until:** | **Date:** | |  | **Time:** |  |
|  | | | | | |
| **Print:** | |  | | | | **Print:** | | |  | |
| **Sign:** | |  | | | | **Sign:** | | |  | |
| **Company:** | |  | | | | **Company:** | | |  | |
| **Date:** | |  | | | | **Date:** | | |  | |
| This permit is issued FOR GUIDANCE ONLY and is the responsibility of the persons carrying out the works to ensure that all reasonable care and measures to ensure the safety and security of all personnel engaged in the works, other site personnel and the general public. | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part C: Cancelation of Permit:** | | | | **Part C: Received & Accepted By:** | | | | | | |
| **Cancellation Checklist** | | | | | **Yes** | **No** | | **Comment** | | |
| All hot works equipment/materials and debris removed from work area? | | | | |  |  | |  | | |
| Fire watcher has remained in the work area for at least 30mins after completion of works to ensure no fires break out in the work and adjacent areas? | | | | |  |  | |  | | |
| All fire detection/prevention systems have been reinstated and are fully functional? (Records must be attached) | | | | |  |  | |  | | |
| All portable firefighting equipment returned to secure stores? | | | | |  |  | |  | | |
|  | | | | I declare that the works are complete/suspended, and the area has be left in a safe condition, all equipment and materials have been removed, and the area has been secured to prevent access. | | | | | | |
| **Print:** |  | | | **Print:** | | |  | | | |
| **Sign:** |  | | | **Sign:** | | |  | | | |
| **Company:** |  | | | **Company:** | | |  | | | |
| **Date:** |  | **Time:** |  | **Date:** | | |  | | **Time:** |  |
| **This Permit to Work is Now Cancelled**  **A New Permit Will be Required if Work is to Continue** | | | | | | | | | | |

**Note:**

**The maximum duration a hot work permit can be issued for, is 1 working day. A new permit must be requested everyday if the works exceed this maximum.**

**Any failure to follow the details outlined in this permit after it has been issued will result in the permit being cancelled immediately and all works associated with this permit stopping until the issues have been rectified.**

**BE VIGILANT BOTH FIRE AND FUMES KILL!**