



## WHS-FOR-025.4 Hot Work Permit

Hot Work Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

<b>1. Work Location:</b>			
<b>2. Description of work to be undertaken:</b>			
<b>3. Equipment to be used:</b>			
<b>4. The Fire Fighting Equipment to be laid out at the worksite:</b>			
<b>5. 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.)</b>			
	YES	N/A	Initial
Have combustible materials been removed from the work area or made safe?			
Have tanks, valves, and pipelines been blanked off or effectively isolated?			
Is ventilation adequate?			
Are spark and flash screens in place?			
Have leaks from valve and pump glands, flanges been controlled?			
Have pressure relief valves been vented to safe areas?			
Has contaminated ground been covered?			
Is the fire equipment checked and laid out ready for use?			
Is the fire pump or fire brigade on standby?			
Is a fire watch/standby person required?			
Is the wind direction satisfactory for hot work to be done?			
Has product movement been stopped in the area of hot work?			
Has the site of the hot work been isolated and roped off?			
Is Gas Testing required?			
<b>This Permit is valid from _____ am/pm on ____/____/____ to _____ am/pm on ____/____/____</b>			
<b>Name of Contractor/Employee performing the work:</b>			
<b>Name of Standby person (where) required:</b>			
<b>6. Authorization</b>			
<b>Confined Space Permit Controller:</b>	<b>Name:</b>		
	<b>Signature:</b>	<b>Date: / /</b>	
<b>The work area has been inspected by the Confined Space Permit Controller at the expiry/cancellation of this Hot Work Permit and declared safe for normal operations to resume.</b>	<b>Name:</b>		
	<b>Signature:</b>	<b>Date: / /</b>	

Please email completed and signed document to [safety@harbourtrust.gov.au](mailto:safety@harbourtrust.gov.au) and file for your own records.