



## Permit information and conditions

### Can the task be undertaken in a designated safe area?

A Hot Works Permit is required when Hot Works (any work with the potential to create an ignition source e.g. oxy cutting, welding, grinding, soldering) are undertaken. Where possible, Hot Works should be undertaken outside in a designated safe area such as a workshop or welding bay.

**Note:** The fire watch period shall be for a minimum of 30 minutes following the completion of the task. After this minimum period of watch, it is strongly recommended that the Permit Holder continue monitoring for a further 2 hours (or longer where there is the potential for combustion processes to take some time before becoming obvious).

#### Permit conditions

- 1 Only an 'authorised' Permit Authority can issue the permit.
- 2 Permit Authority must be satisfied that work is performed according to the Permit (e.g. appropriate level of supervision) and the area made safe on completion.
- 3 Only an 'authorised' Permit Authority can close the permit.

Company (if applicable) \_\_\_\_\_

Work Request/Project number \_\_\_\_\_

## Individual(s) involved

### LA TROBE UNIVERSITY USE ONLY: Approval (Authorised Permit Authority)

Name \_\_\_\_\_ Signature \_\_\_\_\_

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

### Person(s) undertaking work (Permit Holder)

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name \_\_\_\_\_ Signature \_\_\_\_\_

## Work details

Location of work (one specific location) \_\_\_\_\_

Description of work to be performed including depth (brief) \_\_\_\_\_

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

- SWMS completed and controls identified (refer overleaf)
- Controls discussed with each person undertaking the work

**Isolation required** (please tick) **Note:** Fire Service Impairment requires notification to company insurers.

Water  Steam  Gas  Electricity  Comp air  Mechanical  Smoke or Flame detectors  Sprinkler system

Other \_\_\_\_\_

**Frequency of supervision** (please choose one)

Constant  10 minute  30 minute  Hourly  2 hourly  Start and finish  Other \_\_\_\_\_

## Permit validity

This permit is only valid today / /  from \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm

## Fire watch during and at completion of work – Minimum of 30 minutes

### Person completing the fire watch

Name \_\_\_\_\_ Signature \_\_\_\_\_

Actual Fire Watch **start** \_\_\_\_\_ am \_\_\_\_\_ pm Actual Fire Watch **finish** \_\_\_\_\_ am \_\_\_\_\_ pm

## Permit closure

Has the work been completed? Yes  No  Has the work area been made safe? Yes  No   
 Have fire detection systems been reinstated? Yes  No  NA  **If no**, please detail the issues outstanding and the action to be taken.

Permit Holder name \_\_\_\_\_ Signature \_\_\_\_\_

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

Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written**. This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

### LA TROBE UNIVERSITY USE ONLY: Permit Authority closing this permit

Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written**. This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date / /  Time of closure \_\_\_\_\_ am \_\_\_\_\_ pm

## Emergency controls

In the event of an emergency, define **action required** and/or **who should be contacted** (include contact telephone numbers)

Police, Fire and Ambulance 000 LTU Emergency Campus Security 03 9479 2222.

Hazard identification	Is there a risk?	Controls implemented (please tick)
<b>Ignition of nearby combustibles</b> Fire to occur: <ul style="list-style-type: none"> <li>▪ during the Hot Works</li> <li>▪ following completion of the Hot Works</li> <li>▪ from ignition of nearby combustibles</li> </ul>	Yes No NA Yes No NA Yes No NA	<b>Relocation of Hot Works</b> Complete some/all of the work in a designated safe area  <b>Protection of combustibles</b> Removal of combustibles within 11 metres Remove/bleed combustible linings, residues or gases from containers, etc. being worked on Sweep floors clean Protect all floor and wall openings, open pipes, duct work, electrical cables, etc. with fire resistant tarpaulins or metal shields Suspend fire resistant tarpaulins beneath work Confirm walls and ceilings do not have combustible coverings or insulation  <b>Fixed Detection System</b> Automatic fire sprinkler protection is in service Relevant persons have been notified of any isolated systems (e.g. Company Insurers, Trades, Checklodge)  <b>Fire Watch</b> The fire watch person has: Suitable extinguishers Charged hose Fire blanket
<b>Explosive Atmosphere</b> Atmosphere being flammable or explosive (e.g. due to dust, starch dust, vapours, excess oxygen) Use of gas detector/monitor if hazardous area (i.e. tunnel, proximity to DG)	Yes No NA Yes No NA	<b>Ventilation</b> Wet wipe down, vacuum, sweep work area to ensure dust levels are removed within an 11 metre radius Ventilates area (e.g. fans, open doors, work in open area) Flash back arrestors on both oxygen and acetylene gas lines Cylinders maintained in upright position and secured from falling Coatings on metal surfaces stripped away to a minimum of 150 mm from Hot Works
<b>During the Hot Works</b> Injury from faulty equipment Fall, trip or slip during the work	Yes No NA Yes No NA	<b>Equipment, Work Environment and PPE</b> Hot Works equipment is in a satisfactory condition Electrical equipment tagged and within test date Work area cleared of obstructions and trip hazards Floor dry and free of oils Screens in place Respiratory protection Eye protection Hearing protection Gloves Leather apron Warning notices displayed Barricades installed or work area taped off Area beneath work cordoned off
Worker(s) injured from exposure to: <ul style="list-style-type: none"> <li>▪ Inhalation of harmful dusts, vapours or gases</li> <li>▪ Foreign object in eye</li> <li>▪ Excessive noise levels</li> <li>▪ Handling sharp objects</li> <li>▪ Lifting heavy weights</li> <li>▪ High temperatures</li> <li>▪ High UV exposure</li> </ul>	Yes No NA Yes No NA Yes No NA Yes No NA Yes No NA Yes No NA Yes No NA	
Injury to other people walking past Injury to other people below the work	Yes No NA Yes No NA	

Other (define below)

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