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| **For High Risk Hot Work identified in Risk & Opportunity Register & JSEA** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace | | | | | | | | | | |  | | | | | | | | | | | | | |
| Permit Issue Date: | |  | | | | | | | | | Permit No | | | | |  | | | | | | | | |
| Permit valid from (Reviewed each shift) | | Date: | |  | | Time: | | | |  | | to | | | Date: | | |  | | Time: | | |  | |
| Hot Work covered by this Permit | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Hot Work location: | | | | | | | | | | | | | | | | | | | | | | | | |
| How long and when will the Fire Watch be required to be in attendance: | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Provider Company Name (SP): | | | | | | | | | | |  | | | | | | | | | | | | | |
| SP Supervisor Name: | | | | |  | | | | | | | | | Mobile Phone: | | | | |  | | | | | |
| SP Assessor/Competent Person Name: | | | | |  | | | | | | | | | Mobile Phone: | | | | |  | | | | | |
| Description of work to be undertaken: | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. List Fire-fighting Equipment required at Hot Work location**: | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Have the following checks been made:** | | | | | | | | **Note – all questions must be answered** | | | | | | | | | | | | | | | | |
|  | | | | | | | | **YES or N/A (Not Applicable)** | | | | | | | | | | | | | YES | | | N/A |
| Have drains, pits and depressions been checked, isolated and sealed? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Have combustible materials been identified, removed or made safe? (Dry grass, paper, oil residue etc.) | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Has the potential for falling slag and sparks to lower levels been addressed? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Have tanks, valves, vents and pipelines been blanked off or effectively isolated or drained? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Have leaks from valve and pump glands, flanges etc. been controlled? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Have pressure relief valves been vented to safe areas? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Will the material when heated or burned, give off toxic gases? (check SDS) | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Is ventilation adequate? (including mechanical extraction or respirators if YES to immediately above) | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Is there a fire detection system that will need to be isolated during Hot Work? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Are spark and flash screens in place? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Has any plastic or polystyrene formwork been protected against the risk of fire? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Has the area been isolated and barricaded to stop personnel, product and plant movement? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Is the Fire-fighting Equipment checked for appropriateness and laid out ready for use? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Is a Fire Watch person, trained in First Attack Fire Fighting required during the Hot Work? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Does the Hot Work area need Fire Watch on completion until cooled? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Has the Fire Brigade been advised and put on stand-by? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Is the wind direction and strength satisfactory for hot work to be done? | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Is this work to be undertaken in a confined space? *If YES comply with the* [Confined Space Entry MMR](https://mirvacau.sharepoint.com/:w:/r/sites/HealthSafetyandEnvironment/_layouts/15/Doc.aspx?sourcedoc=%7B44766DFA-2634-4455-9E89-16E4A387E51E%7D&file=Confined%20Space%20Entry%20MMR.DOCX&action=default&mobileredirect=true) | | | | | | | | | | | | | | | | | | | | |  | | |  |
| **AUTHORISATION:** | | | | | | | | | | | | | | | | | | | | | | | | |
| *The works described and precautions outlined above, are (in my opinion) sufficient to provide a safe condition for the work to be started, provided they are fully observed:* | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Hot Work Permit & “Location Specific JSEA” signed by ALL work crew, submitted to the Mirvac Representative:*** | | | | | | | | | | | | | | | | | | | | | | | | |
| Mirvac Representative Name: | | | | | | | | | Signature: | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | Date : | | | | | | | | | | | | | | | |
| *The work has been satisfactorily completed, the work area inspected, all personnel and equipment removed, and all services restored to normal operation.* | | | | | | | | | | | | | | | | | | | | | | | | |
| Mirvac Representative Name: | | | | | | | | | Signature: | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | Date: | | | | | | | | | | | | | | | |
| Alternative Weekly confirmation at completion of Hot Works daily by Mirvac Representative - Name: | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | Monday | | Tuesday | | | | Wednesday | | | | | | Thursday | | | | Friday | | | | | Saturday | | |
| Signature: |  | |  | | | |  | | | | | |  | | | |  | | | | |  | | |
| Date: |  | |  | | | |  | | | | | |  | | | |  | | | | |  | | |