

SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

All hot works generating heat, sparks or flame require a permit. This permit to work is issued to the nominated recipient for the specific occasion and date stipulated below:

Work Permit/MEX No:				
This permit is valid from (daily only)				
This Permit is issued to:	Organisation/Company:			
	Contact name:			
	Contact Telephone Number:			
Location of works:	Campus/Building:			
Reason for and description of works	S:			
a) Risk assessment has been carried out and is attached b) Safe Work Method Statement (SWMS) has been produced and is attached Yes No				
The above work is authorised to procee	ed subject to the following action being taken prior to the hot work commencing.			
AUTHORISING PERSON:	DATE: //			
SECTION 2 TO DE COMPLETED DY THE DEDSON CARRYING OUT THE WORK				
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Before approval is granted to proceed with work, confirm the following:				
a) As far as reasonably practical the risks associated with the hot works have been eliminated Yes				
b) Additional permits have been submitted as required (eg Confined Space Permit, Fire Isolation) Yes No				
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	If fire occurs, call: Telephone No. () Fire watch required: yes no By whom?:			
	Fire Fighting Equipment on hand?			
	Special Precautions:			
	□ Fire detection system isolated (eg sprinklers, detectors)			
	Drains, pits and depressions been checked, isolated and sealed			
	□ Tanks, valves, vents, pipelines been blanked off or isolated			
	Doorways and other areas covered to prevent transmission of sparks			
	□ Other (specify):			
	Combustible materials been removed (eg within 10m of hot work)? Wet down pop removable combustible items			
· · · · · · · · · · · · · · · · · · ·	Wet down non-removable combustible items Spark/flash servers in place			
	 Spark/flash screens in place Covers suspended beneath work to collect sparks 			
	 Protected personal and electrical equipment 			
	□ Non-sparking tools			
	\square Air conditioning units isolated			
	Physical barriers and signage to restrict access			
	□ Additional precautions (if none state none):			
	Method/technique:			
	Materials:			
ATMOSPHERE TESTING (Confin	ed Space)			
Date of Test: / / Ti	me of Test: Results of tests % L.E.L:			
	am/pm			
Is Hot Work safe to proceed?	yes 🗆 no Tested By:			
a) I have read and understood the	e requirements and procedures required in this permit to work.			
NAME: DATE:/				
SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO				

The work area and all adjacent areas where sparks may have spread have been inspected for at least 60 minutes after the work was completed and no fire conditions were noted.

NAME:	SIGNATURE:	DATE:. ///
The fire systems have been reinstated:		

AUTHORISING PERSON:	DATE :///
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FORM PER004 Revision 1.1 04/2014