

YOUR COMPANY NAME

Hot Work Permit

Organisation:	Department:	
Project:		
Document Ref No:		
Task or work operation:		
This Permit to Work is issued for the following work. No work other than that detailed must be carried out.		
Is work to be carried out when plant, equipment or systems are in operation?	yes/no	
Location of work:		
Description of work:		
Method of isolation/making safe:		
<ul style="list-style-type: none">• Precautions required:	Yes	No
<ul style="list-style-type: none">• Risk assessment for the work activities is complete		
<ul style="list-style-type: none">• Remove any combustible material from work area and nearby areas which may be affected		
<ul style="list-style-type: none">• Remove any flammable liquid containers from work area (whether full or empty)		
<ul style="list-style-type: none">• Provide suitable and adequate protection against sparks and hot particles		
<ul style="list-style-type: none">• Ensure extinguishers/hose reels are close to hand		
<ul style="list-style-type: none">• Check location and means of raising alarm		
<ul style="list-style-type: none">• Persons carrying out the work are aware of what to do in the event of fire		
<ul style="list-style-type: none">• Ensure hot work equipment is suitable for use and in good order		
<ul style="list-style-type: none">• Air monitoring for hazardous fumes		
<ul style="list-style-type: none">• Confined Space Permit needed		
<ul style="list-style-type: none">• Follow-up inspection (..... hours mins later)		
Extra precautions to be taken if plant, machinery or systems are in operation:		
Authorisation		
Name of person issuing Permit:		
Designation:		
Signature:		
Time:	Date:	Duration of permit:

HOT WORK PERMIT (continued)

Receipt	
I hereby declare that no work other than that stated above will be carried out and all precautionary measures will be adhered to:	
Name (person i/c work):	
Designation:	
Signature:	
Company:	
Clearance	
I hereby declare that the work stated above has/has not been completed. Details if not completed:	
Name:	
Designation:	
Signature:	
Company:	
Cancellation	
All copies of this Permit to Work are hereby cancelled.	
Name:	
Designation:	
Signature:	
Date:	Time: