

Fire Safety Protocol 14



Hot Work Permit

HOT WORK PERMIT

Permit number:

HOT WORK PERMIT

(as much fabrication work should be completed as is reasonably practicable prior to arrival at site)

Display permit at the job site until the job is completed In case of emergency contact 2222					
Location of work					
Trust contact name				Trust contact number	
Summary of work to be done					
Division authorising work	Project		Operations		Date of Permit Issue dd/mm/year
Other permits required	Yes	No	N/A		Time of Permit Issue 24 Hour
Med Gas	H/L Voltage	Con Space	General		Expiration date and time
Company				Number of staff working on site	
Known or potential hazards in the work area					
Precautions Checklist (please tick or note N/A against the fields)			Operational and protective equipment checklist (please tick or note N/A against the fields)		
<input type="checkbox"/>	Has the fire alarm been isolated in the area		<input type="checkbox"/>	Firefighting equipment	
<input type="checkbox"/>	Has the fire officer been informed of presence of gas cylinders (mandatory field)		<input type="checkbox"/>	The competence of the person operating the firefighting equipment has been verified	
<input type="checkbox"/>	The competence of the person carrying out the work has been verified (Gas Safe Certificate Holder etc)		<input type="checkbox"/>	Area security (warning signs, barricades)	
<input type="checkbox"/>	Notification to effected departments/persons of service disruption		<input type="checkbox"/>	Have detectors in the area been covered	
<input type="checkbox"/>	Verify electricity supply isolated and locked off		<input type="checkbox"/>	Personal Protective Equipment (PPE)	
<input type="checkbox"/>	Verify gas supply isolated and locked off		<input type="checkbox"/>	Head protection	Gloves
<input type="checkbox"/>	Verify steam supply isolated and locked off area suitably cooled		<input type="checkbox"/>	Eye protection	Dust face masks
<input type="checkbox"/>	Asbestos register checked and information supplied		<input type="checkbox"/>	Coveralls	Noise Defenders
<input type="checkbox"/>	Adequate ventilation		<input type="checkbox"/>	Flash Screens	Ignitors
Cigarette lighters, matches etc. must not be used to light torches					
Have methods of work been agreed and documented between the permit Issuer and the person working (Work Must not start until this has been completed)					
In the event of the fire alarm being activated the Trust Switchboard MUST BE CONTACTED IMMEDIATELY by calling 2222 giving your name and location of work.					
Person in charge "I confirm I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner and all risk and precautionary measures have been explained to the workers involved. I accept responsibility for carrying out this work".				Name	
				Signature	
				Date	
This permit has been issued on the understanding that all risks have been reduced to a level as low as is reasonably practicable at all times.				Name	
				Signature	
				Date	



HANDBACK AND CANCELLATION OF PERMIT SERVICES RESTORED?		Yes	No
<p>"I confirm the work is complete/partially complete. I have checked the work area and confirm that the area is left in a safe and tidy condition" all adjacent areas to which sparks and heat might spread were thoroughly inspected on completion of the operation and 1-hour afterwards the fire alarm system is operational. All fire head protection has been removed.</p>		Signature Date	
<p>The contractor has assured the Trust Appointed Representative that the area has been the area is left in a safe and tidy condition and relevant services have been restored and the relevant persons informed.</p>		Signature Date	
<p>Permit to Work revalidation section. Depending on the task, the life of the permit could be up to 7 days although it will be necessary to regularly revalidate the permit during this period. Please agree and sign the following boxes to revalidate this permit.</p>			
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