BS1995_Haringey_TapeType_485C_PMS.eps

Health and Safety Procedure

HSP36 Permit to Work Procedure

**PERMIT TO WORK – HOT WORKS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part A – Before work starts | | | | |
| Permit Ref number |  | | | |
| Contracting company undertaking works |  | | | |
| Permit valid from | Time: | | Date: | |
| Permit valid to | Time: | | Date: | |
| Task or work operation |  | | | |
| **This permit to work is issued for the following work. No work other than that detailed must be carried out** | | | | |
| Location of work |  | | | |
| Description of work (specific hazards) |  | | | |
| Method of isolation or making safe |  | | | |
| Precautions   * Ensure hot work equipment is suitable for use and in good order. * Check location and means of raising alarm. * Ensure location extinguishers/hose reels. * Inspect nearby areas. * Remove any combustible material from work area. * Remove any flammable liquid containers from work area (whether full or empty). * Provide suitable and adequate protections against sparks and hot particles. * Follow up inspection ([Enter number of hours] hours [Enter number of minutes] minutes later). | | | | |
| Extra precautions to be taken if plant, machinery or systems are in operation |  | | | |
| **To be completed by client Authorising Person** (e.g. Project Manager/Person in charge of works) | | | | |
| Name of person issuing permit |  | | | |
| Designation |  | | | |
| Signature |  | | | |
| Time: | | Date: | | |
| **Receipt to be completed by contractor site supervisor undertaking works**  I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to | | | | |
| Name of competent person undertaking work |  | | | |
| Designation |  | | | |
| Signature |  | | | |
| Company |  | | | |
| **Precautions Checklist – to be completed before work starts**  This checklist must be completed and signed by the client Authorising Person (e.g. Project Manager/Person in charge of works following their personal detailed inspection of the work area | | | | |
| 1. Will the proposed work disturb the fabric of the building? If No, go to Question 2. | | | | Yes  No |
| 1. Has the asbestos management plan been consulted? | | | | Yes  No |
| 1. Is the asbestos information within the asbestos register sufficient for the works required? | | | | Yes  No |
| c) Should another asbestos survey be undertaken prior to works? | | | | Yes  No |
| 1. Has asbestos been identified | | | | Yes  No |
| 1. I confirm I have examined and understood the asbestos survey and acknowledge it is a sufficient asbestos survey for the work I am undertaking | | | | Yes  No |
| 1. I acknowledge my works will not disturb any asbestos contaminated material | | | | Yes  No |
| 1. I confirm that I have physically checked the work area in order to ensure that the following safeguards have been provided for, prior to issuing this work permit. | | | | Yes  No |
| 1. Are floors and surrounds swept clean and clear of rubbish? | | | | Yes  No |
| 1. Has all combustible stock, plant, insulations, etc been relocated 12m from the operation or the remainder protected from heat and sparks with non-combustible curtains, metal guards or flame-proofed covers (not ordinary tarpaulins)? | | | | Yes  No |
| 1. Has any floor or wall opening or open mesh flooring within 12m of the cutting and welding operations been covered over tightly? | | | | Yes  No |
| 1. Has a responsible person, with authority to stop the work, been assigned to watch for dangerous sparks in the area, as well as floors above and below in adjacent areas? | | | | Yes  No |
| 1. Has ample fire protection equipment, e.g. hose reel, extinguishers, water/sand buckets, fire blanket, etc, been provided and is a responsible person, who has been trained in their use, standing by while the work is in progress? | | | | Yes  No |
| 1. Have warning notices been posted adjacent to and, where necessary, below the work area? | | | | Yes  No |
| 1. Has at least one trained, responsible person (e.g. watcher) with authority to stop the work and to regularly check the area, particularly during lunch and rest periods, been appointed? | | | | Yes  No |
| 1. Are all gas cylinders safely secured in upright positions, and gas pipes and cables in good condition, properly secured and kept as short as possible? | | | | Yes  No |
| 1. Is suitable equipment provided to ensure safety of workers and method of operation? | | | | Yes  No |
| 1. Do the workers know where the nearest fire alarm break glass call point is located, and have they been told what to do in the event of fire? | | | | Yes  No |
| 1. Are facilities available in the work area, in order to summon assistance in the event of an emergency, e.g. telephone, portable radio, alarm system? | | | | Yes  No |
| 1. Will the area be periodically checked by a competent person, during the work and for 60 minutes after completion of the work? | | | | Yes  No |
| 1. Is the work permit clearly displayed at the job location? | | | | Yes  No |
| 1. Add any additional precautions deemed to be necessary here. | | | | Yes  No |
| Name of client Authorising Person |  | | | |
| Status |  | | | |
| Signature |  | | | |
| Date: | | Time: | | |
| Part B – On completion of work | | | | |
| Permit Ref number |  | | | |
| Duration of permit |  | | | |
| **Clearance to be completed by contractor site supervisor undertaking works**  I hereby declare that the work stated above has  has not been  completed.  Give details if not completed. | | | | |
| Signature of competent person undertaking work |  | | | |
| Company |  | | | |
| **Cancellation to be completed by client Authorising Person** (e.g. Project Manager/Person in charge of works)  All copies of this permit to work are hereby cancelled | | | | |
| Signature of competent person |  | | | |
| Date: | | Time: | | |