

Health and Safety Procedure

HSP36 Permit to Work Procedure

**PERMIT TO WORK – HOT WORKS**

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| 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: |