

This Hot Work Permit is to be completed when:

Welding, metal cutting, brazing, grinding, drilling, soldering and all other activity where there is a risk of fire is carried out.

Part A – Application Details

Please complete & email back to Interlink Roads at least one week before commencement of works. Failure to meet deadlines may see this permit rejected or delayed. IF SPACE DOES NOT PERMIT, PROVIDE DETAILS ON SEPARATE PAPER

Application Submission Date:		Applicant's Name:	
Work Permit Number:			
PERMIT START	Date:	Time:	PERMIT FINISH
			Date:
			Time:
Applicant is carrying out work for (i.e. company name):			Contact Name:
Applicant's Company Name:			
Applicant's Mobile:		Applicant's Work Phone:	Applicant's email address:
Onsite Applicant's company name undertaking works:			
Onsite Applicant's supervisor's name undertaking works:		Applicant's Supervisor's Mobile:	
List all contractors performing the works with the Applicant:			

Part B Pre-Commencement Checks

Alternative method of conducting works explored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have received, read and understood Interlink Roads Guidelines to Hot-Work procedure IRW-MTC-002	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard assessment checked and completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3m - 15m radius (site dependant) exclusion zone set up complete with taped barrier and signage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the work adjacent to Plastic Gas Pipes or performed during a total fire ban?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have flammable/combustible materials been removed from the work area or made safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Has the job been cleaned eg. Grease, oil, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Is air quality supply satisfactory? If no, state action to be taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it necessary to install extraction/ventilation systems? If yes, state action to be taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it necessary to provide respiratory protective equipment? If yes, state action to be taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are spark/flash screen in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have leaks from fittings, etc. been controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have contaminated surfaces been covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have tanks, valves, vents etc. been effectively isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Is a fire watch stationed? If yes, how long will the watch remain after the works are completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Is the wind direction satisfactory for hot work to be done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Is the temperature satisfactory for hot work to be done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the fire equipment been checked and persons trained to use it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the fire extinguisher been checked? (Correct type, full & charged)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the water hose been checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the fire blanket been checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the Environmental and Safe Work Methods been communicated to personnel undertaking the work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Ground contaminated by flammable/ combustible liquids covered with minimum of 50mm sand. Drains covered with fireproof blanket	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Heating/cutting torches lit prior to entering hot work area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person performing 'hot work' is not working alone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Completion: Worksite checked 40-60 minutes after hot works finished to ensure no smouldering materials remain	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part C – Applicant’s Certification

I certify that all information contained herein is true and accurate. I acknowledge that I have read, understood and accepted the Interlink Roads General, Risk Assessment and Worker Induction Handbook and Site Access Conditions. I certify that any/all Safe Work Method Statements, Environmental Assessments as described in this application form, have been considered and reviewed, and that the said works will be conducted in accordance with these documents and work procedure provided.

Applicant’s Name:	Signature:	Date:
Onsite Applicant’s Supervisor Name:	Signature:	Date:

When completed and signed off, the permit must be kept in the possession of the person carrying out the work until completion.

Part D – Authorisation of Works

Authorised Permit Issuer: I authorise the task as stated above to commence subject to the conditions and precautions of the Risk Assessment and as indicated on this permit.

Full Name (Print):	Signature:	Contact:
Company:		Date: