

Exact Location of Proposed Work:	<input type="text"/>		
Nature of the Hot Work to be carried out:	<input type="text"/>		
The above location has been examined and the precautions listed on the reverse of this form have been complied with as indicated.			
Signed:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/>	Company:	<input type="text"/>
PART A: to be completed by person carrying out the hot work			

Time of Issue:	<input type="text"/>		
Time of Expiry of Permit:	<input type="text"/>		
Final Check to be made no earlier than:	<input type="text"/>		
Additional Conditions Required:	<input type="text"/>		
Signed:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/>	Position:	<input type="text"/>
PART B: to be completed by the manager / supervisor authorising work to be undertaken			

Time Inspection Completed	<input type="text"/>		
The immediate work area and all adjacent areas to which heat and sources of ignition might have spread. Have been inspected and found to be free of fire following completion of work.			
Signed:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/>	Position:	<input type="text"/>
PART C: to be completed by person who carried out the work			
COMPLETED FORM TO BE RETURNED TO PERSON AUTHORISING IN PART B			

ITEM	Yes	No*	N/A
ARE WORKERS ENGAGED WITH THE HOT WORK FAMILIAR WITH THE FIRE ROUTINES WITHIN THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE SMOKE DETECTORS IN THE VICINITY BEEN ISOLATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE ADEQUATE VENTILATION TO EXTRACT FUMES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE COMBUSTIBLES BEEN REMOVED FROM THE IMMEDIATE AREA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHERE HEAT MAY TRANSFER HAVE ADJACENT AREAS BEEN CLEARED OF COMBUSTIBLE MATERIALS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE ANY HOLES & OPENINGS IN WALLS, FLOORS AND CEILINGS IN VICINITY BEEN PROTECTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE ALL FLAMMABLE LIQUIDS BEEN REMOVED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE REMAINING COMBUSTIBLES BEEN PROTECTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE COMBUSTIBLE FLOORS & COVERINGS BEEN PROTECTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROPRIATE FIRE FIGHTING EQUIPMENT AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE WORKERS COMPETENT WITH THE USE OF EXTINGUISHERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILL FIRE EXIT ROUTES IN AREA BE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS A SECOND PERSON AVAILABLE TO FIRE WATCH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS HOT WORK EQUIPMENT IN GOOD WORKING ORDER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILL GAS CYLINDERS BE SECURED IN UPRIGHT POSITION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF USING GAS WELDING EQUIPMENT- IS A FLASH BACK ARRESTER FITTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS A METAL CONTAINER PROVIDED FOR SPENT WELDING RODS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE RESERVE GAS CYLINDERS STORED AWAY FROM WORK AREA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Where the answer is given as NO to any of the above questions; this information must be brought to the attention of the person responsible for the issue of the Hot Work Permit.**