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| K:\Active Projects\18009 Brand Development\05-Visual Identity Development\PMNZ Logo Suite\Port Marlborough Logo Suite\Secondary Logo (Horizontal)\CMYK (PRINT)\PML-Logo-Horizontal-CMYK.jpg | | **HOT WORK PERMIT** | | | | | |
| **Date:** |  | | | **Job Location:** | |  | |
| **Work/Task/Project Description:** |  | | | | | | |
| **Company:** |  | |  | | | | |
| **Permit Receiver (Name):** |  | |  | | **Signed:** | |  |
| **Receiver Phone No. (Mobile):** |  | |  | |  | |  |
| **Permit Issuer (Name):** | | |  | | **Signed:** | |  |

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| **PERMITS OVER 1 DAY (MAX 5 DAYS)** | | | | |
|  | Day 2 | Day 3 | Day 4 | Day 5 |
| Date: | / / | / / | / / | / / |
| Receiver: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Issuer: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Ensure all newly identified hazards and/or changes are communicated to the entire team | | | | |

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| **Within 10 meters of work area** | | | **Work on walls, floors, ceilings, equipment & enclosed**  **plant** (e.g. tanks, containers, ducts, dust collectors) | | |
| Ensure there are no combustible liquids, gases, dusts | Y | / N | Concealed or enclosed spaces are inspected for combustible materials or linings and material is removed or protected accordingly | Y | / N |
| Combustibles that cannot be moved are covered with flame proof covers or guards | Y | / N | Combustibles materials are moved at least 10m away from walls where heat could be conducted | Y | / N |
| Floors are swept clean to remove combustibles | Y | / N | Construction materials are non-combustible | Y | / N |
| Combustible floors are wet down or covered with damp sand | Y | / N | Machinery & equipment is cleaned of combustible residue | Y | / N |
| All floor, wall & ceiling openings are covered | Y | / N | Enclosed plant/tanks is purged of flammable vapours | Y | / N |
| Covers are suspended beneath elevated work to catch sparks if there are combustible materials below | Y | / N | Work area is adequately ventilated | Y | / N |
| Fire watch person required to monitor adjacent area during work (appropriately trained) | Y | / N | Confined space permit is required | Y | / N |
| **General Precautions** | | | | | |
| Has the PMNZ manager/supervisor for operational area been consulted and notified in writing. | Y | / N | Barricading and/or signage is required | Y | / N |
| Smoke detectors or thermal detectors have been Isolated. Insurance company has been notified | Y | / N | Other personnel in vicinity have been notified of hot work | Y | / N |
| Fire extinguishers and/or hose reels are immediately available | Y | / N | Correct PPE, welding jacket, full length gloves, safety goggles etc. | Y | / N |
| Location of fire alarm call point and fire exits is known | Y | / N |  |  |  |

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| *WORKERS ON SITE - PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* | | | |
| Name | Signature | Name | Signature |
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|  | SITE VISITS FOR VERIFICATION |  |
| Site visit details (date/ time) | Notes | Signature |
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