

HOT WORK

Section 1		SCOPE OF WORK TO BE CARRIED OUT <i>(define as clearly as possible)</i>			
Site:		Safety Document No.		WO Number:	
Date Work will commence:			Estimated duration of work:		Days (Max 7 Days)
			<i>(delete as appropriate)</i>		
NCP	Name:	Company:		Phone:	
NS	Name:	Company:		Phone:	
Plant Area:					
Description of Task:					
Section 2		FIRE SUPPRESSION / DETECTION SYSTEMS DISABLED			
Requirements agreed with SAP. SAP Name: Signature:					
.....					
.....					
.....					
.....					
.....					
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.....					
SECTION 3		RISK ASSESSMENT GUIDE			
Low chance of ignition: Any materials within the work area that could ignite with direct flame contact or smoulder due to sparks. This would include the Cable Racks, Drains, Ducts etc. where dust or debris might be present, wood products such as pallets, flooring etc.					
High Chance of ignition: Any materials that could ignite with a spark such as Class 2 or Class 3 hazardous substances, loose plastic based materials, dry grass or vegetation, external areas under fire ban conditions etc.					
Type of Heat Source	Combustible materials within Work Area				
	None	Low Chance of Ignition	High Chance of Ignition	Hazardous Zone (unpurged)	
(Please Circle below)					
Gas Torch	Low	Medium	High	High	
Grinding	Low	Medium	High	High	
Welding	Low	Medium	High	High	
Heat Gun	Low	Low	Medium	High	
Drilling	Low	Low	Medium	High	
Electrical Eqpt (not IS)	Low	Low	Medium	High	
Other					
Highest Risk Level	Method of Control Documentation				
Low	Hazard ID				
Medium	Complete Section 4, then Sections 6-10				
High	Approved Procedure/formal management process required (Complete Sections 4-10)				
Assessment completed by:					
<input type="checkbox"/> Nominated Competent Person/Permit Receiver <input type="checkbox"/> Workplace Supervisor <input type="checkbox"/> Other (please state):					
Name:.....		Signature:.....		Date:..... Time (24hr):.....	
Comment: <i>(Low risk work managed on Hazard ID, include any need for fire watch etc)</i>					

Section 4		Hot Work Controls					
The Nominated (Workplace) Supervisor and/or Nominated Competent Person MUST ensure the following risks are assessed and effective controls are applied.		Yes/No	Controls				
Combustible material							
Fire extinguishing equipment required and fit for purpose?							
Arc flash?							
Delineation of work area?							
Spark containment?							
Drains / Cable racks etc. in area to be covered?							
If applicable all vessels, containers or ducts have been purged of flammables?							
Area to be wetted down?							
Additional ventilation required?							
Fire Watch to be provided during and for _____ minutes after work							
Atmospheric record required? (i.e., gas detection record completed & attached)							
Emergency Plan understood by all involved?							
Are processes required to manage fire detection / suppression systems?							
Any other precautions? (i.e., other work parties, adjacent areas)							
Section 5		High Risk Work					
		Approved procedure reviewed and controls implemented. Note: If gas testing required record frequency and readings here					
Gas tests to be carried out at intervals of: <input type="checkbox"/> Hourly <input type="checkbox"/> Continuously <input type="checkbox"/> Not Required							
Test Date	Time	Oxygen	LEL	Toxicity	Tester Signature		
Section 6		Frequency of Review of Hot Work Conditions and Controls					
<input type="checkbox"/> Daily		Other (specify)					
Section 7		Hot Work Certificate Authorisation					
All the conditions relating to this Hot Work Certificate have been discussed and agreed with the Nominated Competent Person/Permit Receiver and I authorise the work to proceed in strict accordance with any attached JSEA, Hazard ID and applicable Safety documents.							
Nominated Supervisor:..... Signature..... Date: Time (24hr).....							
Section 8		Hot Work Certificate Acceptance					
All the conditions relating to this Hot Work Certificate and hazards have been discussed and agreed with the Work Party. We have inspected the work site and certify the above precautions have been taken.							
Nominated Competent Person:..... Signature..... Date: Time (24hr).....							
Work area and all adjacent areas to which sparks, and heat might have spread (such as floors above and below and on the opposite side of walls) have been inspected for at least _____ minutes after the work was completed and are found to be in a safe condition.							
Fire Watch Declaration (<i>Enter initials below on completion of Fire Watch</i>).							
Days	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Initial							
Section 9		Final Workplace Check					
I confirm that all work is complete, all personal safety devices have been removed, and the work site has been left in a clean and safe condition.							
Nominated Competent Person:..... Signature..... Date: Time (24hr).....							
Cancellation Comment:							