|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1. Details of Hot Work (Permit Recipient to complete)** | | | | | | | | | | | | | | | | | | | | | | |
| **Site name** | |  | | | | | | | | | | | | | | **Work Order #** | |  | | | | |
| **Location on site** | |  | | | | | | | | | | | | | | | | | | | | |
| **Details of hot work to be undertaken** | |  | | | | | | | | | | | | | | | | | | | | |
| **Date commencing** | |  | | | **Start time** | | | | AM / PM | | | | | | | **Finish time** | | AM / PM | | | | |
| Is there a Fire Ban in place? (ring 1800 020 440)  **YES**  **NO** If **YES** do not proceed until approval is given.  Note: *Local Fire ban – Level 4 leader, State of Fire Emergency- Level 3 Leader* | | | | | | | | | | | | | | | | | | | | | | |
| If there is no Fire Ban, what is the current Fire Danger Rating? (check at [*Fire Bans & Restrictions | QFES*](https://www.qfes.qld.gov.au/safety-education/using-fire-outdoors/fire-bans-and-restrictions)) | | | | | | | | | | | | | | | | | | | | | | |
| Current Fire Danger Rating  If there is a fire ban approval is required. Level of approval is detailed in the boxes. | | |  | **Moderate**  ***(Line Supervisor)*** | | | | | |  | **High**  ***(Level 4)*** | | | |  | | **Extreme**  ***(Level 3)*** | |  | **Catastrophic**  ***(GM)*** | |  | |
| Approval provided by: | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | Date approval given: | | | | | | | | |
| **Section 2. Risk controls to be implemented (Permit Recipient to complete)** | | | | | | | | | | | | | | | | | | | | | | |
| Ensure hot work permit is on site adjacent to the proposed hot work (can be electronic) | | | **Y** | | | | Remove flammable liquids/substances within the hot work area. | | | | | | | | | | | | | | **Y** | |
| Remove, cover or shield all combustible materials (incl. vegetation) within the hot work area. | | | **Y** | | | | Maintain fire watch for duration of hot work. Minimum 30 minutes.  Name: | | | | | | | | | | | | | | **Y  N/A** | |
| Cover drains and other open apertures for duration of hot work. | | | **Y** | | | | Isolate air conditioning / seal intakes for the duration of the hot work. | | | | | | | | | | | | | | **Y  N/A** | |
| Isolate fire detection / suppression equipment (where appropriate) for the duration of the hot work. | | | **Y  N/A** | | | | Install barricades to prevent unauthorised entry into the hot work area. | | | | | | | | | | | | | | **Y  N/A** | |
| Erect flash screens around work site. | | | **Y  N/A** | | | | Wet down any adjacent grassed area. | | | | | | | | | | | | | | **Y  N/A** | |
| Fire suppression devices to be used (minimum of one): | | | | | | | | | | | | | | | | | | | | | | |
| Water hose and supply | Appropriate fire extinguisher | | | | | | | Fire Blanket | | | | | | | | Other: | | | | | | |
| Additional instructions/information including hot work equipment authorised for use: | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3 – Verification of risk controls (Permit Recipient to complete)** | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that actions and risk controls required in Section 2 have been implemented for the work to be undertaken as described in Section 1. | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | |  | | | | **Time** | | | | | | |  | | | | | | | | | |
| **Permit recipient** | |  | | | | **Position** | | | | | | |  | | | | | | | | | |
| **HOLD POINT FOR HOT WORK**  ***Hot work cannot proceed until the Seqwater Work Coordinator*** *(or delegate)* ***has been consulted to ensure controls have been implemented*** | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | |  | | | | **Time** | | | | | | |  | | | | | | | | | |
| **Name of Seqwater Work Coordinator (or delegate) consulted** | |  | | | | **Position** | | | | | | |  | | | | | | | | | |
| **Section 4. Completion of work (permit recipient to complete)** | | | | | | | | | | | | | | | | | | | | | | |
| Maintain fire watch continually for a minimum of 30 minutes after cessation of hot work | | | | | | | | | | | | | | **Name:** | |  | | | | | | |
| Additional monitoring required: | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the hot work has been completed in accordance with this hot work permit and all work is complete, all equipment returned and the site has been left in a safe condition. | | | | | | | | | | | | | | | | | | | | | | |
| **Permit recipient name** | |  | | | | **Signature** | | | | | |  | | | | | | | | | | |
| **Date** | |  | | | | **Time** | | | | | |  | | | | | | | | | | |