

# Hot Works Permit

## Project Name Details:

Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		ATCW #	

## Disruption Details

Proposed Date of Works	
Proposed Time:	
Duration of Isolation	

## Services Isolation

Why are hot works required? Is there another way to undertake the activity?	
What equipment is being used?	
Safe Work Method Statement has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk assessment has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What controls will be in place to reduce the risk of fire or injury?	
Who is responsible for validating controls are in place and effective?	
What type of fire extinguishing device will be on standby at the worksite?	
Who will be the nominated fire watch/spotter for the duration of the works and 30 mins after hot works?	
Who will monitor local conditions and fire ratings leading up to the works? (works must not occur during total fire ban)	

**Critical Controls**

All safety documentation addresses the critical controls, and a person will be on site at all times during the hot works to monitor their effectiveness.	Smoke detectors isolated for the location affected by hot works	<input type="checkbox"/>
	Area will be adequately ventilated	<input type="checkbox"/>
	Local Fire Brigade will be notified by _____	<input type="checkbox"/>
	Fire extinguishers, hoses or fire fighting trailers/vehicles will be onsite and available for the duration of works	<input type="checkbox"/>
	Immediate area (minimum 11-meter radius) will be confirmed free of combustible or flammable materials and wet down prior to and during works.	<input type="checkbox"/>
	Escape/Rescue Plan will be developed for the location	<input type="checkbox"/>
	Emergency communication protocol will be in place	<input type="checkbox"/>
	Hot Works Signage, and work zone delineated and protected (E.g., Welding screens or similar erected such as fire blankets etc)	<input type="checkbox"/>
	Cutting and welding equipment in good condition including flash back arrestors at blow torch and cylinder ends of hoses	<input type="checkbox"/>
	Site specific PPE will be available and used during hot works	<input type="checkbox"/>
	Fire watch/spotter will remain in place for 30 mins after the hot works are complete	<input type="checkbox"/>

**Contractor Submission**

Contractor Responsible for Works	
Email Address	
<i>I acknowledge I am the nominated person for the works and am responsible to ensure all required controls set out in the permit approval process are in place, effective and monitored throughout the works.</i>	<input type="checkbox"/>
<i>I will ensure that all persons on my site will comply with all controls identified as part of the risk assessment and review/approval stage.</i>	<input type="checkbox"/>
<i>I understand that there may be additional requirements as part of high-risk work permit approval, and will ensure all workers are aware, understand, and are signed on as part of my site induction process and prestart risk assessment.</i>	<input type="checkbox"/>
<i>I will confirm and document that workers have been inducted, understand the safe work method statements/procedures, and have correct licenses/competencies for the task they undertake.</i>	<input type="checkbox"/>
<i>If Fire Services are not identified as being isolated by the Contractor, and the works undertaken by the contractor activate an unnecessary attendance by the Fire Brigade, these costs will be passed on to the contractor responsible where AMG is not responsible for this.</i>	<input type="checkbox"/>

**Completed By**

Name:		Signature:	
Position:		Date:	

AMG Approval			
Reviewed by: (Names)			
Approved by:		Date:	
Role:		Date/Time of Works:	
Comments:			