

Manildra Group Safety Form - Hot Work Permit



Emergency Phone Number 000	Evacuation Assembly Point:	Nearest Telephone:
Description of Work:	Location:	
	Department/Company:	
	ATW:	

Hot Work Type

Note: 9" Grinders are NOT permitted on the site at any time and a full face shield with safety glasses must be worn when cutting or grinding.

Welding (Type:.....)	<input type="checkbox"/>	Grinding (cutting disc size.....)	<input type="checkbox"/>	Non intrinsically safe tools/equipment	<input type="checkbox"/>
Cutting and burning	<input type="checkbox"/>	Flames and Preheating	<input type="checkbox"/>	Hand tools that may cause sparks or heat	<input type="checkbox"/>
Other:.....	<input type="checkbox"/>				

Safety Checklist and Site Preparation – Person in Charge

Person in Charge to tick the boxes below to ensure you understand what is expected of you while executing the scope of work

Have plant and equipment been thoroughly ventilated? <i>(STOP if there is airborne dust within 15m of hot work)</i>	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>	Has Heat transfer been considered?	Y <input type="checkbox"/> N <input type="checkbox"/>
Is the hot work site barricaded?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the work area to be kept wet with water? <i>(to prevent spot or grass fires)</i>	Y <input type="checkbox"/> N <input type="checkbox"/>
Is access and exit to the hot work area provided?	Y <input type="checkbox"/> N <input type="checkbox"/>	With the current/predicted wind direction and strength, is it satisfactory for hot work to be done?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are spark/flash screens/barriers in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the welding machine(s) to be earthed directly to the equipment being welded	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Have plant and equipment been thoroughly flushed?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>	Is the equipment, (eg: welder, compressor) correctly sited?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Have emergency services been notified?	Y <input type="checkbox"/> N <input type="checkbox"/>	Has the equipment earthing and bonding been correctly applied?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Have plant and equipment been thoroughly cleaned?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>	Is the work in a defined Gas Hazardous Area of the Plant? If Yes, go to Hazardous area section below.	Y <input type="checkbox"/> N <input type="checkbox"/>
Has product movement in the vicinity been stopped?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>	Is there potential for an ignition source to enter into a defined Gas Hazardous Area? If Yes, go to Hazardous area section.	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there residual flammables in pipes? Eg: oils & greases	Y <input type="checkbox"/> N <input type="checkbox"/>	Are gas pressure relief valves vented to safe areas?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Are tanks, valves, pumps, vents & pipelines containing flammables blanked off or effectively isolated?	Y <input type="checkbox"/> N <input type="checkbox"/>	Will all sparks or flames be contained completely by the use of a suitable enclosure or a fire retardant tarp?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Has combustible material been removed & leaks controlled within 15m?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do fire retardant tarps need to be kept moist for intensive heat?	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Are there smoke detectors in the area and if so are the smoke detectors isolated? <i>Note: a fire impairment notice may be needed</i>			Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Has the Fire Watcher been trained in the use of Extinguishers and do they know the Emergency Evacuation process?			Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Have operations been contacted to organise someone to check the hot work area?			Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Comments:			

Fire Fighting Equipment – Person in Charge

Fire Extinguisher on site – Type.....	25mm water hose to the job site and tested	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Name:	Sign:	Phone:
		Date:

Firewatcher

A fire watcher is required for hot work within 15 metres of areas that contain flammable gases, liquids solids. For flammable **liquids** and **gases** the watcher is to be on watch while and for **30 minutes** after the hot work. For flammable **solids** the watcher is to be on watch while and for **120 minutes (2 hours)** after the hot work. In all cases operations are to regularly check the hot work area for 4 hours after completion.

Name of watcher:	Sign:	Date:	Time start:	Time Finish:
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Permit Completion - Person in Charge

Were there any Safety or Environmental Incidents? Incident Number.....	Y <input type="checkbox"/> N <input type="checkbox"/>	Have Fire Extinguishers been returned to their original position or replaced and sent for refill?	Y <input type="checkbox"/> N <input type="checkbox"/>
Were any Fire Extinguishers used during the duration of the work?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have Fire hoses been put back into their appropriate position?	Y <input type="checkbox"/> N <input type="checkbox"/>
The area is safe to leave.			
Name:	Sign:	Date:	Time:

Gas Hazardous area Hot Works- Battery tools, Scaffolding				N/A
Use of battery powered tools (excluding grinder) is permitted if the following requirements have been acknowledged				
Are tools and batteries in good condition and free from damage?	Y <input type="checkbox"/> N <input type="checkbox"/>	Will enough cutting fluid and coolant be used to prevent excessive heat transfer and sparking?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are all battery tools brushless? If no, tools not to be used in area.	Y <input type="checkbox"/>	Has gas-testing equipment daily bump testing been performed	Y <input type="checkbox"/> N <input type="checkbox"/>	
All work done under constant gas detection	Y <input type="checkbox"/>	Battery changes to be done outside of area and not left inside area unattended	Y <input type="checkbox"/>	
Will work create excessive sparks? if yes go to section 240v below	Y <input type="checkbox"/> N <input type="checkbox"/>	Are all workers competent using gas detectors and know the hazards associated with the work being carried out	Y <input type="checkbox"/> N <input type="checkbox"/>	
Use of mobile phones and electronics in area is forbidden and will be left inside locker at ethanol control room?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Permit Completion - Person in Charge				
Contractor Name:		Date:	Signature: _____	
Manildra Supervisor:		Date:	Signature: _____	

Gas Hazardous area Mobile equipment (EWP, Scissor lift, boom lift, crane, sucker truck Generators)				N/A
Continuously gas monitored at all times during work from both ground and in basket?	Y <input type="checkbox"/> N <input type="checkbox"/>	Will equipment be removed from hazardous area at end of daily works?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Will spotter always monitor equipment and gas detector while in use?	Y <input type="checkbox"/> N <input type="checkbox"/>	Will battery isolator be switched off if left unattended for short periods?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Will prestart check for good working order before taking into area?	Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>
Contractor Name:		Date:	Signature: _____	
Manildra Supervisor Name:		Date:	Signature: _____	

Gas Hazardous area Hot Works- 240v, 3 Phase, Welding and Cutting (grinders)				N/A
Use of 240v tools and grinders are permitted if the following requirements have been acknowledged and risk assessment carried out				
Are there any alternative ways to carry out job without using hot works?	Y <input type="checkbox"/> N <input type="checkbox"/>	Has a risk assessment been carried out and approved by manager?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Will area be fully encapsulated? sparks/ hot slagging captured and contained?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are power leads intrinsically safe, continuously gas monitored and inspected iaw Australian standards?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is area cleaned and free from contaminants as much as possible before commencing work?	Y <input type="checkbox"/> N <input type="checkbox"/>	Has job specific SWMS incorporated work hazards for task and been approved by Manildra WHS manager?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Has production manager approved work and taken steps to mitigate risks?	Y <input type="checkbox"/> N <input type="checkbox"/>	Has your area been appropriately isolated and gas tested for safe work conditions prior to commencing work?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are tools inspected and in good condition prior to every use?	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Permit Completion - Person in Charge (All signatures required before commencing work)				
Contractor Name:		Date:	Signature: _____	
Engineering Manager:		Date:	Signature: _____	
Plant Manager:		Date:	Signature: _____	
WHS Manager:		Date:	Signature: _____	