

HOT WORKS PERMIT

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|--|--------------|-----------------------------|---|--------------|-----------------------------|--|
| Site Address: | | | | | | |
| PROPOSED WORK | | | | | | |
| Description of works: | | | | | | |
| Equipment to be used: | | | | | | |
| Exact Location on Site: | | | | | | |
| SPECIAL CONSIDERATIONS | | | | | | |
| Hazards Present | Y / N | Removed / Controlled | Hazard Present | Y / N | Removed / Controlled | |
| Combustible Solids | | | Confined space | | | |
| Flammable Liquids | | | Work at height | | | |
| Combustible building fabric (floors, walls etc.) | | | No segregation of work from others | | | |
| Flammable / toxic gases / vapours / residue | | | Pressure (vessels / pipes) | | | |
| Chemicals / Gases | | | Conduction of heat / sparks | | | |
| State any Additional Precautions Required (e.g. Non Flammable PPE, Isolation of Services, Existing Gas or High Oxygen present? Fire / Welding Screen, Fire Fighting Equipment, Emergency Procedures, First Aid Provision) | | | | | | |
| AUTHORISATION BEFORE WORK STARTS | | | | | | |
| The area is prepared and work may start in line with the conditions of this permit. Name of Issuer: _____ Signed: _____ For East Dunbarton Council | | | I have read and understood the conditions of this permit and will ensure that all workers understand its requirements. Name of Permit Acceptor: _____ Acceptance Signature: _____ | | | |
| | | INITIAL PERMIT | EXTENSIONS TO PERMIT TIME LIMIT | | | |
| | | | The work area has been re-examined and work may continue subject to the conditions of this permit. | | | |
| Permit valid for: (Date) | | | | | | |
| Duration: (From and To) | | | | | | |
| Signed: (Permit Issuer) | X | | | | | |
| Signed: (Permit Acceptor) | X | | | | | |
| CANCELLATION AFTER WORK IS COMPLETE | | | | | | |
| The above work has been completed and the area is safe for normal working to resume. The work area and all adjacent areas to which sparks and heat might have spread were inspected for at least 1 hour after the work was completed and were found fire safe. | | | | | | |
| Signed: (Permit Issuer) | | | | | | |
| Signed: (Permit Acceptor) | | | | | | |
| Date/Time | | | | | | |