

Permit to Work - Hot Works

For all operation involving flame, welding and hot cutting

This permit is valid only for the job described and the timescales provided

Description of work

jhkjk

Location of work

Building	Floor	Room	Location		
jhkgj					
Date required (max duration 1 day)	02-15-2018	Valid From (time)	04:18 AM	To	04:18 AM

Contact Details (method of Contact)

Mobile Phone	Site Telephone	Co. Office No.
Estates Project Officer	Estates Help Desk	Security

Potential Hazards	<input checked="" type="checkbox"/> OXYGEN ENRICHMENT <input type="checkbox"/> OXYGEN DEPLETION <input type="checkbox"/> TOXIC GAS <input type="checkbox"/> EXPLOSIVE GAS <input type="checkbox"/> BIO HAZARD <input type="checkbox"/> POOR LIGHTING <input type="checkbox"/> HEAT <input type="checkbox"/> NOISE <input type="checkbox"/> TRIPPING/FALLING/STRIKING OBJECTS <input type="checkbox"/> OTHER PROVIDE DETAILS
Control Measures	<input type="checkbox"/> HAZARDS/EQUIPMENT ISOLATED <input type="checkbox"/> DEPARTMENT STAFF INFORMED <input type="checkbox"/> PROTECTIVE EQUIPMENT REQUIRED - SPECIFY
Other Identified	Control Measures

Measures			
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Mandatory Safety Requirements (See reverse for further guidance)

Actioned

ALL AREAS TO BE CHECKED AND COMBUSTIBLES REMOVED OR PROTECTED BEFORE COMMENCEMENT OF WORK	✓
ALL AREA TO BE SCREENED, PROTECTED, ROPED OFF AS NECESSARY AND WARNING SIGNS DISPLAYED	×
ALL SYSTEM ASSOCIATED WITH THE WORK TO BE ISOLATED, INCLUSIVE OF SMOKE ALARM	×
ASSISTANT TO STANDBY WITH THE FIRE EXTINGUISHER SUITABLE FOR TASK (COMPETENT IN USE)	×
BUILDING FACILITIES MANAGER NOTIFIED	×
AREA TO BE CHECKED/INSPECTED FOR COMBUSTION 1 HOUR AFTER COMPLETION OF WORK	×

Person Entering work area (See reverse for further guidance)

jhkgjk					
Permit issued by	jgkjj	Date	02-15-2018	Time	
Permit Received by	jkjj	Date	02-15-2018		

Permit Cancellation (Estates Dept.)

Name		Date	02-15-2018	Time	
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