

BP ANZ
Hot Work Permit
BPD020203



BP ANZ HOT WORK PERMIT

BPD020203 12/15 W485692

Permit Set No: _____

Issued to:

Company: _____ Recipient: _____

Description of work: _____

Location of worksite: _____

Gas test certificate No: _____ Repeat tests how often: _____

SAFETY CHECKLIST (State in column YES, NO or NA. All lines must be filled in.)

CHECK	Y/N/NA	DETAILS BELOW	CHECK	Y/N/NA	DETAILS BELOW
1. Has a Safety Induction been done?			6. Earthing and bonding correctly applied?		
2. Have plant and equipment been thoroughly:			7. Work to be kept wet with water?		
A. Depressurised.			8. Are spark/flash screens/barriers in place?		
B. Drained and checked for leakage.			9. Hot work site isolated/roped off?		
C. Isolated - By Blanking.			10. Has product movement in the vicinity been stopped?		
- By Disconnection.			11. Are PRV's vented to safe areas?		
D. Steamed			12. Fire protection checked/in place?		
E. Water Flushed			13. Is a firewatch/fire brigade required & organised?		
F. Ventilated - Natural			14. Is access and exit provided?		
- Mechanical			15. "Lead" precautions necessary/taken?		
3. Are sewers, pits & drains, and contaminated ground within 15m of the worksite sealed?			16. Are LOTO procedures required?		
4. Combustible material removed & leaks controlled?			17. Has wind direction been considered?		
5. Equipment, eg: welder, compressor, correctly sited?					

PERSONAL PROTECTION REQUIRED (Tick where relevant.)

Eyes	Ears	Hands	Feet	Breathing	Body - Other
<input type="checkbox"/> Goggles	<input type="checkbox"/> Ear Protection	<input type="checkbox"/> PVC Gloves	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Canister Mask	<input type="checkbox"/> Safety Harness
<input type="checkbox"/> Shield		<input type="checkbox"/> Gloves	<input type="checkbox"/> Rubber Safety Boots	<input type="checkbox"/> Air Supplied Respirator	<input type="checkbox"/> Hi Vis
<input type="checkbox"/> Safety Glasses		<input type="checkbox"/> Gauntlets			<input type="checkbox"/> PVC Suit/Coveralls
					<input type="checkbox"/> Overalls
					<input type="checkbox"/> Hard Hat/Bump Hat
					<input type="checkbox"/> Other, Specify: _____

CONTROLS REQUIRED

Yes	N/A
<input type="checkbox"/>	<input type="checkbox"/> 2 x DCP Fire Extinguishers
<input type="checkbox"/>	<input type="checkbox"/> Isolations shall be performed in accordance with LOTO Plan _____

SPECIAL INSTRUCTIONS & WORK INSTRUCTIONS:

All work to be conducted in accordance with PRO-2.5-0001-4-01 MS&L - Safe Work Requirements for Contractors
 Everyone has the authority & obligation to stop unsafe work
 This permit shall be read in conjunction with the following risk assessment: _____

ELECTRICAL ISOLATION BY: _____ APPROVED BY: _____

RE-ENDORSEMENT OF PERMIT TO BE BY: _____ DAILY/HOURLY

AUTHORISATION TO CARRY OUT WORK

I certify that the above equipment/site is safe to carry out Hot Work by persons subject to the specified requirements:

Issued by: Name: _____ Tel No. _____ Signature: _____

Countersigned by: Name: _____ Signature: _____

Permit Valid From Date ____/____/____ am/pm To Date ____/____/____ am/pm

I understand the nature of the work and certify that the above conditions will be observed at all times and received by:

Contractor/Employee: Name: _____ Signature: _____ / /

WORK COMPLETED

Time _____ Contract/Employee

Date _____

WORK HAND BACK

Time _____ Received by Site Representative

Date _____

FOR PERMIT ISSUE AND DISPLAY SEE REVERSE OF THIS FORM

DISPLAY OF PERMIT

- Original copy – Shall be clearly displayed at the work site with contractor/employee performing work.
- Site managers copy – to be given by hand to the site representative.
- Issuers copy – to be kept by the person issuing the permit.

Upon completion of work and acceptance the contractor/employee shall sign and hand back permit to the site representative for close-out.

PERMIT ISSUE

Permits are to be issued by a person to whom the authority has been delegated. They may be issued by non site staff with delegated authority in which case they shall be countersigned by Site Representative.

PERMIT VALIDITY

If work period exceeds one shift the permit must be re-endorsed below at each shift change, and at least daily.

NOTE: Ensure Gas Test Certificate is re-endorsed

Re-endorsed by:	Date: / /
Name	Signature
Person Authorised to Re-endorse	
Name	Signature
Site Representative	
Name	Signature
Recipient	

Re-endorsed by:	Date: / /
Name	Signature
Person Authorised to Re-endorse	
Name	Signature
Site Representative	
Name	Signature
Recipient	

Re-endorsed by:	Date: / /
Name	Signature
Person Authorised to Re-endorse	
Name	Signature
Site Representative	
Name	Signature
Recipient	

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Person Authorised to Re-endorse	
Name	Signature
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Re-endorsed by:	Date: / /
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Person Authorised to Re-endorse	
Name	Signature
Site Representative	
Name	Signature
Recipient	

IF INSUFFICIENT SPACE, USE ANOTHER FORM.