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| **Part 1: General Information** (completed by **Permit to Work Initiator**) | | | | | | | | | | | | | | | | | | | | | | | |
| Name of PTW Initiator: | |  | | | | | | | | | | | | Associated JSA Number: | | | | | | |  | | |
| Location of task: | |  | | | | | | | | | | | | | | | | | | | | | |
| Description of task: | |  | | | | | | | | | | | | | | | | | | | | | |
| **Part 2: Checklist** (completed by **Permit to Work Initiator**) | | | | | | | | | | | | | | | | | | | | | | | |
| Has required PPE been provided to the Hot Work Team? | | | | | | | | | Yes  No | | | If **Yes**, describe:  If **No**, do so before continuing. | | | | | | | | | | | |
| Has area been inspected for all combustible items and have these been removed, isolated or wet down? | | | | | | | | | Yes  No | | | If **Yes**, describe:  If **No**, do so before continuing. | | | | | | | | | | | |
| Has the area been inspected for all potential ignition sources? | | | | | | | | | Yes  No | | | If **Yes**, describe:  If **No**, do so before continuing. | | | | | | | | | | | |
| Are tools and equipment serviceable and suitable for this job? | | | | | | | | | Yes  No | | | If **Yes**, continue.  If **No**, source all required tools before continuing. | | | | | | | | | | | |
| Has ventilation of fumes and smoke been considered and installed if needed? | | | | | | | | | Yes  No | | | If **Yes**, describe:  If **No**, consider ventilation for fumes and smoke before continuing. | | | | | | | | | | | |
| Is there functional fire protection equipment within the area? | | | | | | | | | Yes  No | | | If **Yes**, continue.  If **No**, source & test fire protection equipment before continuing. | | | | | | | | | | | |
| Are all team members aware of campus emergency and evacuation procedures? | | | | | | | | | Yes  No | | | If **Yes**, continue:  If **No**, ensure all members of team are aware before continuing. | | | | | | | | | | | |
| Has a Safety Observer been appointed for this work and equipped with fire protection equipment? | | | | | | | | | Yes  No | | | If **Yes**, continue.  If **No**, explain why: | | | | | | | | | | | |
| Is work occurring in an area of “special consideration”? (e.g.: Timber-lined structure, confined space, shaft/airway/ air intake, location with oxygen depleting fire systems) | | | | | | | | | Yes    No | | | If **Yes**, also complete Appendix 1 of this form – Special Considerations before applying for authorisation.  If **No** continue. | | | | | | | | | | | |
| Is work occurring within a hazardous environment? (e.g. where there is potentially a flammable atmosphere possibly from nearby storage or presence of explosive: gas, vapour and/or combustible dust.) | | | | | | | | | Yes    No | | | If **Yes**, also complete Appendix 2 of this form – Hazardous Zone or Area before applying for authorisation.  If **No** continue. | | | | | | | | | | | |
| **Part 3: Permit Authorisation** (completed by **Hot Work Authoriser, Permit to Work Acceptor** and **Safety Observer)** | | | | | | | | | | | | | | | | | | | | | | | |
| (to be completed and signed by University of Canberra **Hot Work Permit Authoriser**) | | | | | | | | | | | | | | | | | | | | | | | |
| As Hot Work Permit Authoriser, I authorise the performance of this Hot Work based on the control measures and precautions that have been listed upon this form, including any specific precautions listed within Appendix 1 and 2 of this form. I have been informed by the Permit to Work Initiator that the listed controls are already in place and the Permit to Work Acceptor agrees that any person performing this hot work will abide by all precautions listed within this permit and its appendices. | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | | | | | | | Date: | | | | Time: | | | |
| **I Authorise this Permit to be valid until**:  (Unless 8 hour limit applies in flammable areas) | | | | | Date: | | | | | | | | | | | Time: | | | | | | | |
| EFM Department Manager authorisation required for Hot Work in areas of special consideration and/or hazardous zone or area. | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | | | | | | | Date: | | | | Time: | | | |
| (to be completed and signed by **Permit Acceptor**) | | | | | | | | | | | | | | | | | | | | | | | |
| I have discussed this work with the Permit to Work Authoriser and also understand all aspects of this work. I shall comply with all provisions of this Permit to Work and associated JSA and shall convey these provisions and all other relevant information to all persons involved or affected by this work. | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | | | | | | | Date: | | | | | Time: | | |
| (to be completed and signed by **Safety Observer**) | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | | | | | | | Date: | | | | | Time: | | |
| Name: | | | | | Signature: | | | | | | | | | | | Date: | | | | | Time: | | |
| I understand the scope of this Hot Works and requirements of this Permit to Work, including the requirements of a Safety Observer as stated in PRO-1040 Hot Work Management. I am familiar with the UC Campus Emergency Response Plan and am capable of performing all Safety Observer duties and responsibilities. | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 4: Application for Permit Closure** (to be completed by **Permit to Work Acceptor and Safety Observer** performing Fire Watch) | | | | | | | | | | | | | | | | | | | | | | | |
| We have inspected the work area and certify that all isolations, locks and tags have been removed, guards put back in place and the area returned to a safe and operable condition. On this basis we apply for closure of this Permit. | | | | | | | | | | | | | | | | | | | | | | | |
| Safety Observer: | | | | | | | | | | Signature: | | | | | | | | Date | | | | | Time |
| Safety Observer *(relief)* | | | | | | | | | | Signature | | | | | | | | Date | | | | | Time |
| Permit to Work Acceptor: | | | | | | | | | | Signature | | | | | | | | Date: | | | | | Time: |
| **Part 5: Permit Closure** (to be completed by **Permit to Work Authoriser**) | | | | | | | | | | | | | | | | | | | | | | | |
| I have been advised by Permit to Work Acceptor and Safety Watch that this work area has been returned to a safe and operable condition and on this basis authorise closure of this Permit | | | | | | | | | | | | | | | | | | | | | | | |
| Permit to Work Authoriser: | | | | | | | | | | Signature | | | | | | | | Date: | | | | | Time: |
| **Appendix 1: Areas of Special Consideration**  (Completed by Permit to Work Initiator) | | | | | | | | | | | | | | | | | | | | | | | |
| Hot Work occurring in areas of Special Consideration require approval by both EFM Department Manager and Hot Work Permit Authoriser. | | | | | | | | | | | | | | | | | | | | | | | |
| **Proposed Hot Work is to be performed:** | | | | | | | | | | | | | | | | | | | | | | | |
| In a location where fumes might displace or change the oxygen level. | | | | | | | | | Yes  No | | | If **Yes**, record Atmospheric testing results in Part 2 below.  If **No**, Continue. | | | | | | | | | | | |
| Near or inside a rubber/ timber lined structure | | | | | | | | | Yes  No | | | If **Yes**, Fire Watch Person required.  If **No**, Continue. | | | | | | | | | | | |
| In a confined space | | | | | | | | | Yes  No | | | If Yes, obtain and have authorised FRM-1021 Confined Space Work Permit and record Atmospheric testing results in Part 2 of this form.  If No, Continue. | | | | | | | | | | | |
| In a location where an oxygen-depleting fire system is installed. | | | | | | | | | Yes  No | | | If **Yes**, confirm positive isolation of Fire System..  If **No**, Continue. | | | | | | | | | | | |
| **Atmospheric Testing for either Flammable or Oxygen-depleting Atmospheres** | | | | | | | | | | | | | | | | | | | | | | | |
| Gas Monitor Type: | | | | | | | Gas Monitor Serial Number: | | | | | | | | Gas Monitor within Calibration? | | | | Yes  No | | | | |
| Has the instrument been bump tested or fresh air calibrated? | | | | | | | | | | | | Yes No - Why? | | | | | | | | | | | |
| Is continuous monitoring required? Yes - Time Interval:      No - Why? | | | | | | | | | | | | | | | | | | | | | | | |
| **Oxygen** | **LEL %** | | | **LEL %** | | | |  | | | | |  | | | | **Gas Monitor No.** | | | | | **Test Time** | |
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| **Appendix 2: Flammable Atmosphere**  (Completed by Permit to Work Initiator) | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1 – Determination** | | | | | | | | | | | | | | | | | | | | | | | |
| Hot Work occurring in areas of Flammable Atmosphere require approval by both EFM Department Manager and Hot Work Permit Authoriser. | | | | | | | | | | | | | | | | | | | | | | | |
| In an area that may develop into a Flammable atmosphere.  (Where the presence of or nearby storage of, explosive: gas, vapour and/or combustible dust may result in the development of a Flammable Atmosphere.) | | | | | | | | | Yes  No | | | If **Yes**, Fire Watch Person Required; 8 hour limit shall apply to Hot Work Permit. Complete Part 2, Record Atmosphere testing results in Part3.  If **No**, Continue. | | | | | | | | | | | |
| **Part 2 –Considerations** | | | | | | | | | | | | | | | | | | | | | | | |
| Is the atmosphere potentially a Hazardous Zone or Area because of the presence of: | | | | | | Explosive Gas  Vapour  Combustible dust | | | | | | Specify:  Specify:  Specify: | | | | | | | | | | | |
| Flammable atmosphere controls being used: | | | | | | | | | | | | Yes - List monitoring results in Part 3. | | | | | | | | | | | |
| Test for the presence of Flammable vapour/ gas (in time periods of): | | | | | | | | | | | | Yes - List monitoring results in Part 3. | | | | | | | | | | | |
| ‘Gas Freeing’ of work area: | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Establish radio/ phone communications: | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Charged water hose being manned by Fire Watch Person: | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Specialist Fire Watch (ACT Fire & Rescue - ACT Emergency Services Agency) | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Ensure any Deluge/ Grinnell system is operational. | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Purge work area with an inert gas: | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Install forced ventilation: | | | | | | | | | | | | Yes | | | | | | | | | | | |
| Use only intrinsically safe tools for flammable atmospheres: | | | | | | | | | | | | Yes | | | | | | | | | | | |
| **Part 3 – Atmospheric Testing for either Flammable or Oxygen-depleting Atmospheres** | | | | | | | | | | | | | | | | | | | | | | | |
| Gas Monitor Type: | | | Gas Monitor Serial Number: | | | | | | | | Gas Monitor within Calibration? | | | | | | | | Yes  No | | | | |
| Has the instrument been bump tested or fresh air calibrated? | | | | | | | | | | | | Yes  No - Why? | | | | | | | | | | | |
| Is continuous monitoring required? Yes- Time Interval:      No - Why? | | | | | | | | | | | | | | | | | | | | | | | |
| **Oxygen** | **LEL %** | | | **LEL %** | | | |  | | | | |  | | | | **Gas Monitor No.** | | | | | **Test Time** | |
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