

Hot work permit



No.:

Contractor (company or department):

Location (company, building, storey, room):

Blowtorch Cutting/Welding Grinding Brazing Shrinking/Hot-bonding Roof work

Work order: to be carried out by:

Beginning of work: Permit expiry: Actual end:

Maximum validity: 1 shift

Emergency number:

Nearest phone/push-button alarm:

Measures to be taken prior to beginning with the work

| Topic | Action | Req.* | Compl.** |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Work area | Define the hazardous area, cordon off the area (radius at least 15 m, secure steel grating floors below) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Safety instructions by the supervisor | <input type="checkbox"/> | <input type="checkbox"/> |
| | Remove any combustible substances (gases, liquids, solids) or cover with non-combustible panels, mats | <input type="checkbox"/> | <input type="checkbox"/> |
| | Wash/clean pipes/containers/appliances | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cover/close openings, cracks, joints | <input type="checkbox"/> | <input type="checkbox"/> |
| | Inspect safety of work equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| Provision of extinguishing agents | <input type="checkbox"/> CO ₂ <input type="checkbox"/> Dry powder <input type="checkbox"/> Foam <input type="checkbox"/> Water extinguisher | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Wall hydrant, pressurised hose in work area <input type="checkbox"/> Inergen/FM 200 | <input type="checkbox"/> | <input type="checkbox"/> |
| Plant technology | If fire alarm systems are shut down, inform/coordinate with fire brigade Specify alternative measures! | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire watch | Instructions for fire watch | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> |

Measures to be taken during the work

| Topic | Action | Req.* | Compl.** |
|--------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Fire watch | Continuous inspection of the hazardous area (also during work breaks) | <input type="checkbox"/> | <input type="checkbox"/> |
| Interruption | Person who carries out the work must secure the work equipment (close valves on gas cylinders, isolate electrical equipment) | <input type="checkbox"/> | <input type="checkbox"/> |

Measures to be taken after completion of the work

| Topic | Action | Req.* | Compl.** |
|------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Work area | Remove all work equipment from the area | <input type="checkbox"/> | <input type="checkbox"/> |
| | Remove all covers with due care and attention | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire alarm system | Reconnect automatic fire alarm system | <input type="checkbox"/> | <input type="checkbox"/> |
| | Inform fire brigade | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervision of the work area | Inspection for a minimum of 30 minutes after completion of the work (fire extinguishers at the workplace) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Checks every 1/2 hour for up to 4 hours (fire extinguishers at the workplace) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mobile fire alarm system | <input type="checkbox"/> | <input type="checkbox"/> |
| Completion (after the supervision) | Remove barricade | <input type="checkbox"/> | <input type="checkbox"/> |
| | Remove fire extinguishers and take them back to their correct location | <input type="checkbox"/> | <input type="checkbox"/> |
| | Record any incidents, if applicable | <input type="checkbox"/> | <input type="checkbox"/> |

Release of the work

| Parties involved | Action | Name (in print) | Date/time | Signature |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|-----------|
| Supervisor | Above listed measures are appropriate to cover any hazards that might occur | | | |
| Executing contractor | The work may only be started once all required fire protection measures have been implemented and the fire watch is present | | | |
| | Knowledge of the listed measures | | | |
| Fire watch | Has taken note of the listed measures | | | |

Transfer of the workplace following completion of the work

| Parties involved | Action | Name (in print) | Date/time | Signature |
|----------------------|------------------------------------------------------------------------|-----------------|-----------|-----------|
| Executing contractor | Execution of the listed measures | | | |
| Fire watch | Execution of the listed measures | | | |
| Supervisor | Execution of the listed measures and reconnection of fire alarm system | | | |

*Required ** Completed

1. Supervisor (white), 2. Executing contractor (yellow), 3. Fire watch (green)