

<b>This permit:</b>	<ul style="list-style-type: none"> <li>• is valid for maximum one day</li> <li>• <i>must</i> be completed before the hot work starts</li> <li>• <i>must</i> be displayed at work place until job completed</li> <li>• <i>must</i> be renewed if             <ul style="list-style-type: none"> <li>○ there is any change of personnel</li> <li>○ the work being done alters significantly.</li> </ul> </li> </ul>
<b>Definition:</b>	Hot work is any work that could cause a fire or explosion.
<b>Note:</b>	All flammable materials must be moved well away from any hot work.

RETURN PERMIT TO PROPERTY SERVICES FOREMAN OR DHSO OR THE MANAGER, CONSTRUCTION H&S.

Location/address of job : _____
Building code: _____
Job description & specific hot work: _____
Job co-ordinator/supervisor (print): _____
Date permit issued: _____ Date hot work to be done (not more than 24 hours from issue): _____

Has risk assessment been completed (on reverse)?  Yes  No

**AUTHORISATION – complete when risk assessment done & before work starts:**

PERMIT RECEIVER (print name): _____	
a. The hot work described can, in my opinion, be safely completed, provided the precautions below and in the risk assessment table are fully observed.	
b. I understand the procedures, protective measures and equipment required for this hot work.	
Permit Receiver (signature): _____	Date: _____
PERMIT ISSUER (print name): _____	
Time _____	Date _____
Permit valid from: _____	
Permit valid to: _____	
Permit Issuer (signature): _____	Date: _____

**NOTES:**

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**PPE: Tick if to be used:**

<input type="checkbox"/>	Gloves/gauntlets	<input type="checkbox"/>	Protective clothing
<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>	Protective apron
<input type="checkbox"/>	Eye/face protection – state type:		
<input type="checkbox"/>	Other PPE:		

**Risk management:**

<input type="checkbox"/>	Is all gear tagged and/or checked?	<input type="checkbox"/>	Is operator trained to safely use the gear?
<input type="checkbox"/>	All combustible material removed from area.	<input type="checkbox"/>	Fire extinguisher – near to hand, on site.
<input type="checkbox"/>	Fire watch - minimum 30 minutes.		
<input type="checkbox"/>	Do building occupants need to be informed of the work? If yes, have they been informed?		
<input type="checkbox"/>	Do alarms have to be temporarily disconnected? If yes, must have an alternative alarm system.		

**RISK ASSESSMENT**

Includes HAZARD IDENTIFICATION & CONTROL DETAILS (use separate sheet if required).

Consider if there are any particularly hazardous element in this job.

RISK/HAZARD	Y/N	CONTROL
<b>Pipes nearby (circle)</b> Water    Steam    Gas		
<b>Electrical services</b>		
<b>Warning notices</b> e.g. lock-outs & tags		
<b>Fumes</b>		
<b>Harmful matter</b> e.g. flammable		

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