

GENERAL DETAILS OF THE PERSON COMPLETING THE HOT WORK					
Contact Person:			Date:		
Company:			Work Order No.		
TASK LOCATION, DESCRIPTION OF HOT WORK AND EQUIPMENT TO BE USED					
ATMOSPHERIC TESTING (MAX 2 HRS BEFORE OR RECOMMENCING WORK)					
Gas Testing Frequency: <input type="checkbox"/> Once Off <input type="checkbox"/> Continuous <input type="checkbox"/> Not Required					
Date	Time	O ₂ >19.5% O ₂ <23.5%	Flammable Gas <5% LEL	Atmospheric Testing Officer	Signature
RAISE THE ALARM IN CASE OF EMERGENCY (CROSS OUT N/A CONTACTS)					
Emergency Services (Police, Fire, Ambulance) - 000					
Gatehouse Utah		9173 8911		Gatehouse Dampier 9159 6584	
Gatehouse East Side		9173 9043		Gatehouse Ashburton 0458 213 262	
Port Hedland VTSC – 24 Hours			Dampier and Ashburton VTSC – 24 Hours		
9173 0030 0438 303 708 VHF:CH12/16			9159 6556 0428 888 800 VHF:CH11/16		
PPA Task Supervisor:			Phone Number:		
PERMIT HOLDER CHECKLIST					
ONLINE CHECKS	YES	NO	TASK	YES	NO
Has Total Fire Ban been declared? Call DFES Hotline 1800 709 355	<input type="checkbox"/>	<input type="checkbox"/>	On-line TFB Activity Notification AFDRS / attached	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire rating catastrophic? (if yes hot works cannot be conducted)	<input type="checkbox"/>	<input type="checkbox"/>	HOT WORKS IS NOT PERMITTED		
TASK	YES	N/A	TASK	YES	N/A
JHA is attached and signed by all personnel on the job	<input type="checkbox"/>				
All Personnel locked and tagged onto the isolations	<input type="checkbox"/>	<input type="checkbox"/>			
Area barricaded and/or signed	<input type="checkbox"/>	<input type="checkbox"/>			

MSDS is available	<input type="checkbox"/>	<input type="checkbox"/>	Spotter: Trained or experience in using firefighting equipment	<input type="checkbox"/>	
Bucket for hot work off cuts/rubbish	<input type="checkbox"/>	<input type="checkbox"/>	Other permits required for the job	<input type="checkbox"/>	<input type="checkbox"/>
Flammable or combustible materials removed or controlled within 15 metres.	<input type="checkbox"/>		Cover sewers, vents and drains	<input type="checkbox"/>	<input type="checkbox"/>
Correct PPE for the task has been provided and is being worn.	<input type="checkbox"/>		Firefighting equipment set up on job or location known. Location:	<input type="checkbox"/>	
Ventilation is in place	<input type="checkbox"/>	<input type="checkbox"/>	Affected work groups have been advised of work to be undertaken	<input type="checkbox"/>	<input type="checkbox"/>

HOT WORK PERMIT AUTHORISATION LEVELS AND SPOTTER REQUIREMENTS

GREEN LOW	<i>Pilbara Ports Authority (PPA) Team Representative must review Hot Work Permit Spotter shall monitor hot work area for 15 minutes once work has finished.</i>
YELLOW MODERATE	<i>PPA Supervisor as a minimum must review the Hot Work Permit Minimum Authorisation – Working at Height and Confined Space. Spotter shall monitor hot work area for 15 minutes once work has finished.</i>
ORANGE HIGH	<i>PPA One-up Line Manager as a minimum must review the Hot Work Permit Minimum Authorisation – Working within 8 metres of fuel storage areas, fuel line valves, breathers and flanges, working in transformer bays and during a Total Fire Ban Spotter shall monitor hot work area for 30 minutes once work has finished.</i>
RED EXTREME	<i>Hot Work Task must not proceed. Further controls must be implemented to reduce the risk to low, moderate or high.</i>

RESIDUAL RISK RATING OF HOT WORK

Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High	<input type="checkbox"/>
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DURATION OF HOT WORK (1 SHIFT MAXIMUM)

Start Date:	Time:	End Date:	Time:
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PERMIT APPROVAL (PERMIT HOLDER AND PERMIT AUTHORISER CAN'T BE SAME PERSON)

Landside Operations have approved hot works which are to be conducted on berths or in laydown areas in their custody. ☐ Yes ☐ N/A

Landside Operations Name: _____ Approval given: ☐ Written ☐ Verbal

I confirm the hot work procedure will be followed and hazard controls are in place.

Permit Holder	Name:	Signature:	Date:
Permit Authoriser	Name:	Signature:	Date:

PERMIT HOLDER TRANSFER (1 SHIFT MAXIMUM)

I am aware of my responsibility and carry all duties required as the permit holder.

Name	Date	Time On	Signature	Date	Time Off	Signature

HOT WORK PERMIT RETURN

The work outlined in the permit was: ☐ Completed ☐ Not Completed ☐ Cancelled

Persons, equipment and materials removed from the work area: ☐ Yes ☐ No

Permit Holder

Name:

Signature:

Date:

DOCUMENT OWNER

The Maintenance Manager is responsible for this form.