# service Provider

# **BEMS – HOT WORK PERMIT**

Date:

### Permit Number

**Project Number** 

Purchase Order / Work Order Number

General Work Permit Number

Hot Work Permit Number

# **Hot Work Permit Period**

Commencement Date

Time

**Completion Date** 

Time

### **Commissioning Checklist**

Yes No N/A

- Manager/staff in affected area notified of work
- Patients and/or staff removed from the work area
- · Emergency egress routes fee from obstruction
- · Relevant fire detection system isolated
- Sprinkler system isolated Note: Sprinkler and fire detection systems are NOT to be isolated simultaneously without authorisation of delegate and submission of a Risk Management Plan.
- Relevant air conditioning systems isolated
- Flammable liquid, vapour or gas made
- Appropriate firefighting equipment in work area
- · Permit holder trained to use fire fighting equipment
- Phone access available-

Emergency No.

- Back up assistance (Fire Watch) available
- Gas bottles restrained as per AS4839
- Flashback arrestors fitted and stamped as per AS4603
- Oxy-acetylene and LP gas hoses checked as per AS4839
- Power tools and leads checked as per AS/N73760
- Where isolation is required, completed **Isolation Permit** is attached (Mandatory)
- Any other checks or procedures that may be required to ensure the safety and welfare of the facility, staff & patients not limited by the contents of the document.

## **Acknowledgement of Commissioning**

### Person in Charge of Site

I acknowledge that the commissioning checklist and instructions will be maintained and followed by staff working under my authority. On Site Contact:

Phone No:

Service Provider

Company Name:

Phone No:

Name:

Date:

Signature:

# **Hot Work Approval**

I am satisfied that all persons impacted have been consulted. I approve the works specified in this permit

Nominated Officer:

Mobile No:

Date:

Signature:

### **Recommissioning Check List** 6.

Work area and all adjacent areas where sparks might have spread has been inspected for at least one(1) hour after the work was completed and no fire conditions were noted Fire Detection System de-isolated

Air conditioning re-instated

All hot works tools and equipment have been removed from the work area

Trip hazards have been removed from the work area, the floor is dry and cleared of ware residue or other slip hazards Any discharged fire extinguishers have been marked as "Used" and arrangements made for refill

Were any hazards (fire or otherwise) encountered during the procedure. Provide details:-

Where isolation was required completed Isolation Permit, attached

### 7. **Recommissioning Check List**

Service Provider

Service Provider

I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.

Service Provider:

Date:

Time:

Signature:

### 8. **Close Out Permit**

Workplace has been checked and cleared as safe. All permit conditions have been withdrawn.

Nominated Officer:

Date: Time:

Signature:



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