



HOT WORK PERMIT

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JOB NUMBER.....

Description of works:

Equipment:

Operator: Date:

- 1. Building management/tenant advised of hot work occurring: [] Advised who? Time and Date?
2. Combustible materials have been removed or made safe []
3. Hazardous materials, vapours or gases are not present []
4. Smoke detectors isolated (if required) []
5. Flash back arrestor installed []
6. Additional extinguisher is provided []
7. Operator is trained to use fire extinguisher []
8. Operator is aware of site emergency procedures []
9. Area is inspected 30 minutes after work is completed []
Time work was completed
Time work was inspected

Contractor Signature:

- 10. Building management/tenant advised hot works have been completed: []
11. Smoke detectors re commissioned (if necessary) []
12. Building management/tenant inspection conducted after works completed []

Permit acknowledged by building management/tenant: (Name).....

Date: Signed.....

Table with 3 columns: Form, OSHfap6, 1/1; Rev, A, 6/3/13