

Hot Works Permits **MUST** be completed by SCU staff or contractors scheduled to undertake hot works on university property. All permits must comply with WHS legislative requirements and be approved by an authorised Permit Issuer.

**ALL WORK IS TO CEASE ON THE SOUNDING OR RAISING OF A FIRE OR OTHER EMERGENCY ALARM**

PERMIT DETAILS									
Permit is Valid from:					Until:				
Permit Holder:			Staff	Contractor		Company Name:			
Worker Name:					Mobile:				
Description of Works:									
Location of Works:									
Distance from buildings:			m	Public/Private services nearby?			Yes	No	
<b>Prestart Review</b>									<b>Tick</b>
Pre-start meeting with SCU PS Representative completed?									
Have the highest practicable level of controls been prepared to control the risks identified?									
Have you submitted a fire system isolation request to impair smoke/heat detectors while works performed?									
<b>Mandatory PPE &amp; Safety Check</b>			<b>Other Control Measures</b>			<b>Isolations</b>			
Gloves		Safety Boots		First Aid Kit		Electrical			
Welding Mask		Heating Protection		Fall Arrest/Ladder/EWP		Mechanical			
Eye Protection		Long Pants		Fire Extinguisher		Water/Waste			
Hard Hat		Long Sleeve Shirt		Signage					
<b>Additional Clearance Checks</b>									<b>Tick</b>
Combustible materials have been cleared from the area, and/or barriers have been installed to prevent spark ignition.									
Adequate ventilation is available for the quantity of smoke/fumes produced by the task.									
Pedestrian traffic has been redirected to avoid any unnecessary exposure.									
Drains, cables and heat-sensitive equipment are protected.									
Designated clearance area around, below and above where work is being performed.									
Does the person conducting the work feel medically and physically fit to perform the task?									

PERMIT HOLDER

## PERMIT AUTHORISATION

**ISSUER**

I, the permit issuer, approve this hot work (as listed above) to proceed.

Name of Permit Issuer:

Signature:

Date of Issue:

## PERMIT DECLARATION

**PERMIT HOLDER**

As the Permit Holder, I acknowledge and understand the conditions of this permit and:

- Am competent to coordinate this work in accordance with this permit and associated risk assessment.
- Will implement all the controls highlighted above and outlined in the risk assessment.
- Shall share this permit and associated risk assessment with the other worker/s to ensure they understand the conditions of this permit.

Name of Permit Holder:

Signature:

Date:

My signature below acknowledges that I agree and understand the conditions of this permit (other worker/s).

Name of worker: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of worker: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of worker: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINALISATION

**PERMIT HOLDER**

As the Permit Holder, I confirm all work is complete, all workers have signed off the Permit and the worksite has been left clean and tidy.

Name of Permit Holder:

Signature:

Date:

## FEEDBACK

**NON-COMPLIANCE**

		Consequences				
		Insignificant	Minor	Moderate	Major	Severe
Likelihood	Almost Certain	Moderate	Moderate	High	Extreme	Extreme
	Likely	Low	Moderate	High	High	Extreme
	Possible	Low	Moderate	Moderate	High	High
	Unlikely	Low	Low	Moderate	Moderate	Moderate
	Very Unlikely	Low	Low	Low	Low	Moderate

Ensure all risk assessments and SWMS are sent to [pscontractor@scu.edu.au](mailto:pscontractor@scu.edu.au) prior to starting works!

**Once permit is complete and fully signed off - please submit here>>>**