

All applicable WHS legislative requirements MUST be satisfied before this permit is issued.

For assistance with determining these requirements consult with an SCU authorised permit issuer.

The conditions of issue MUST be complied with for the duration of the work.

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

PERMIT DETAILS											
PERMIT HOLDER	Work Order No:				Date:						
	Reason for Permit:										
	Location of Work:										
	Permit is Valid from:				Until:						
	Prestart Review								Y	N	
Has a Hot Work Risk Assessment been completed?											
Has the highest practicable level of control been chosen to control the risks identified?											
PERMIT HOLDER	PPE Required	Y	N		Y	N	Other Control Measures	Y	N		
	Gloves			Eye Protection			Hearing Protection				
	Welding Mask			Safety Boots			Fire Blanket				
	Screens			Lighting			Fall Arrest / Ladder / EWP				
	Signage / Barriers			First Aid Kit			Fire Extinguisher				
	Isolations Required	Y	N		Y	N		Y	N		
	Electrical			Mechanical			Pipeline				
	Fire Detection System			Other							
	Environmental checks								Y	N	
	Combustible materials have been cleared from area or barriers put in place to prevent sparks ignition.										
	If fumes will be produced by the hot work, adequate ventilation has been provided.										
	Does the person conducting the work feel medically and physically fit to perform the task?										
PERMIT AUTHORISATION											
PERMIT ISSUER & PERMIT HOLDER	I hereby approve the work (as listed above) to proceed and I agree that the precautions as stated provide adequate protection for the employees undertaking the job.										
	Name of Permit Issuer:				Signature:						
	My signature below acknowledges that I understand the conditions of this permit and agree to abide by them.										
	Name of Permit Holder:				Signature:						
CANCELLATION / FINALISATION											
PERMIT HOLDER	As the Permit Holder I have ensured that all workers have removed their locks and tags and that the work area is clean and tidy.										
	Name of Permit Holder:				Signature:						

Hot Work
Risk Assessment

Southern Cross University

Description of the work to be completed:

Work Order Number:

Building:

Reason for hot work:

Flame (welding, soldering, brazing, etc)

Spark (grinding, cutting, friction tools, etc)

Hot object (metal surface, plate etc)

Other (specify) _____

Start Date:

Time:

Finish Date:

Time:

Risk Assessment Completed by:

Date:

Step 1: Complete this checklist before you start your activity

Before work commences	Yes	No	If yes, include additional control details to be used, and or information
The hot work is to be undertaken on or adjacent to equipment or plant that will require an isolation	<input type="checkbox"/>	<input type="checkbox"/>	
A fixed fire protection or detection system will need to be taken out of service	<input type="checkbox"/>	<input type="checkbox"/>	
The work area will require specific cleaning, purging, ventilation or pre-work atmospheric monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
The work area has been classified as a confined space	<input type="checkbox"/>	<input type="checkbox"/>	
A fire watcher will be required to watch the area to monitor fire risk for a period of 30 minutes following the work	<input type="checkbox"/>	<input type="checkbox"/>	
Weather conditions are appropriate for the task including but not limited to there being no total fire ban in place	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipment will be used	<input type="checkbox"/>	<input type="checkbox"/>	
The area has been made safe to passers-by	<input type="checkbox"/>	<input type="checkbox"/>	
Surrounding work areas have been notified	<input type="checkbox"/>	<input type="checkbox"/>	

Following completion of this Risk Assessment a Hot Work Permit must be issued prior to commencement of any activities

STEP 2. ASSESSING THE INHERENT WHS AND OTHER RISKS (*Allocate a likelihood, consequence and risk rating for each risk. Risk matrix and likelihood descriptors included below.*)

Hint: What are the safety problems, i.e. hazards presented by the task? Item numbers must correspond with table below.

Item	What is the WHS Risk?	Risk Control Measure(s) on place	Risk Rating (E/H/M/L)
1			
2			
3			
4			

STEP 3. RISK CONTROL PLAN

To be completed by Property Services.

Item	Additional Controls Needed	Revised Risk Rating	Person Responsible	Implementation Date
1				
2				
3				
4				

AUTHOR:	
SUPERVISOR:	
PS APPROVAL	
APPROVAL DATE:	

Risk Consequence Descriptors

Rating	Description	Financial impact	Clients & Staff Health and Safety	Business Interruption	Reputation & image	Corporate Objectives
1	Insignificant	Minimal financial loss; Less than \$500K	No or only minor personal injury; First Aid needed but no days lost	Negligible; Critical systems unavailable for less than one hour	Negligible impact	Resolved in day-to-day management
2	Minor	\$500K to \$2M; not covered by insurance	Minor injury; Medical treatment & some days lost	Inconvenient; Critical systems unavailable for several hours	Adverse local media coverage only	Minor impact
3	Moderate	\$2M to \$5M; not covered by insurance	Injury; Possible hospitalisation & numerous days lost	Client dissatisfaction; Critical systems unavailable for < 1 day	Adverse capital city media coverage	Significant impact
4	Major	\$5M to \$10M; not covered by insurance	Single death &/or long-term illness/disability or multiple serious injuries	Critical systems unavailable for 1 day or a series of prolonged outages	Adverse and extended national media coverage	Major impact
5	Catastrophic	Above \$10M; not covered by insurance	Fatality(ies) or permanent disability or ill-health	Critical systems unavailable for > a day (at a crucial time)	Demand for government inquiry	Disastrous impact

Hot Work
Risk Assessment

Risk Likelihood Descriptors

Rating	Description	Likelihood of Occurrence
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen, but probably never will.
2	Unlikely	Not expected, but there's a slight possibility it may occur at some time.
3	Possible	The event might occur at some time as there is a history of casual occurrence at the University &/or similar institutions.
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the University &/or similar institutions.
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the University &/or similar institutions.

Risk Rating Matrix

Likelihood		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
5	Almost Certain	Medium	Medium	High	Extreme	Extreme
4	Likely	Low	Medium	High	High	Extreme
3	Possible	Low	Medium	Medium	High	High
2	Unlikely	Low	Low	Medium	Medium	Medium
1	Rare	Low	Low	Low	Low	Medium

**See the following page for likelihood and consequence descriptors*

Risk Rating Descriptors

Rating	Description	Required Action
L (1-4)	Low	Acceptable: Unlikely to require specific application of resources. Manage by routine procedures. Monitor and review
M (5-11)	Medium	Acceptable: Unlikely to cause much damage and/ or threaten the efficiency and effectiveness of the program/ activity. Treatment plans to be developed and implemented by operational managers. Manage by specific monitoring or response procedures.
H (12-16)	High	Generally not acceptable: Likely to cause some damage, disruption or breach of controls. Senior management attention needed and management responsibility specified; Treatment plans to be developed and reported to relevant Executive Member.
E (17-25)	Extreme	Not acceptable: Likely to threaten the survival or continued effective functioning of the program or the organisation, either financially or politically. Immediate action required; Must be managed by senior management with a detailed treatment plan reported to VCEC and Council.