

Hot Work in Hazardous Zones Permit



Permit Writer Name: Onsite Works Manager _____ (If different to Permit Writer): _____ Contractor Company: _____ Phone: _____ Mob _____ Permit Authoriser Auth. Gas Tester	Coles Express Site Site Name: _____ Address: _____ Telephone: _____ Site Operator: _____		
Work Permit Number: (i.e. enter date-site number. E.g.: 01/01/14-5000)	__/__/__ - ____	CEXP Purchase Order Ref Number:	_____

**Only the below work is to be done and the tools / plant listed used.
The significant hazards are listed** (describe works, tools and hazards)

Description of works:

Description of tools to be used on site:

Equipment Isolation Responsibility

(Coles Express Equipment Isolation Certificate to be completed for each item of equipment to be isolated)

Equipment to be Isolated	Isolation Certificate Written:		
Name and Location of Equipment	Date	Time	Signature & Ind. or Coy
_____	_____	_____	_____
_____	_____	_____	_____

The below requirements must be in place before work starts and remain in place during the work
PPE Appropriate to the task at hand & Plant Standing Instructions for the Work Area shall be worn/used at all times.
PPE Highlighted is mandatory for the job. (cross out if not relevant)

Safety footwear	Eye protection	Hearing protection	Gloves	Hard hat	Safety vest
2 x9 kg Dry Chemical powder (DCP) extinguishers located at: _____					
Additional Requirements: _____ _____					

Emergency Response: List internal and external emergency phone numbers, nearest fire alarm, what to do, where to go.

Phone Emergency Services on 000 and Coles Express on 1300 033 111

Standard Attachments to Hot Work in Hazardous Zone Permit (Delete Not Applicable)	Other permits and attachments applicable to this permit are:
<ul style="list-style-type: none"> Notifiable Works Hot Work Method documents Work Method Statements Site Plan, indicating location of works JHA's Other (see list at right) 	_____ _____ _____

What is the estimated impact on the site forecourt of these works?

<input type="checkbox"/>	0%-14%	<input type="checkbox"/>	15%-49%	<input type="checkbox"/>	50%-74%	<input type="checkbox"/>	75%-Full Site Closure%
	No prior notice required		1 weeks notice required		2 weeks notice required		1 months notice required

Is a Fire Watcher required to monitor this work?

Yes No (If required) Name of Watcher: _____

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The following additional precautions must be performed before this Permit To Work is valid.

- | | | | |
|---|--------------------------|--|--------------------------|
| Barricades, warning signs & spark/flash screens have been provided. | <input type="checkbox"/> | Pressure relief valves have been vented (or are not applicable). | <input type="checkbox"/> |
| The area is free of contaminated ground, or that ground is covered. | <input type="checkbox"/> | All fill / dip / vapour recovery covers <1500mm from work are adequately sealed. | <input type="checkbox"/> |
| Combustibles <10,000mm away removed, curtained or wet-canvassed. | <input type="checkbox"/> | Any open cracks in forecourt are filled and covered with wet sand. | <input type="checkbox"/> |
| Key controls have been discussed with site manager (or delegate) | <input type="checkbox"/> | Where Site mains power has been used, an earth leakage device is installed. | <input type="checkbox"/> |

The Onsite Works Manager must validate this permit:

before daily work starts hourly after breaks other specify: _____

Subject to validation , this permit's authorisation period is from _____ am/pm on ____ / ____ / ____ to _____ am/pm on ____ / ____ / ____

Re-commissioning Responsibility / Instruction

Permit Validation - Work is only permitted between the validated dates and times

Note : The authorisation period must not be exceeded unless an extension is authorised by the original Permit Issuer.

Permit Validation			Daily Work Clearance No.	Gas / Vapour Test				Conditions OK	Accepted by
From		To		Oxy % (20 -21.5%)	LEL % (<10%)	H2S ppm (<10ppm)	Instrument No.	AGT Initials	Permit Writer
Date	Time	Time						Signature	Signature

I have been instructed by the Contractors Onsite Works Manager on the safety requirements applying to this site and I have read and agree to abide by these safe work permit conditions

Print Name	Signature	Print Name	Signature

Acknowledgement

I and all I supervise, understand and agree to abide by the conditions within this Permit

On Site Works Manager: _____

Permit Authorised by

Ind. or Coy: _____

(Permit Authoriser to Sign)

Permit Issuer contact detail: _____ Date: _____

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Time on Site Start Time:AM/PM Finish Time: AM/PM

The Site Manager or In Charge acknowledges this permit

Site Manager / In Charge:
(Print Name)

Site Manager / In Charge*:
(Print Name)

Signed:/...../.....

Signed:/...../.....

* Print Name only if different from start signature.

Comments:
.....

Safe Work Permit Close Out By:

.....
Permit Authoriser Signature

.....
Indicator or Company

.....
Time

.....
Date

.....
Returned to P.W.

Upon completion of works and ensure the site fax a copy of the permit to (03) 8672 5910.

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Attached find a Sketch or Notes as appropriate to the above referenced Retail Safe Work Permit.

A large, empty rectangular box with a thin black border, intended for a sketch or notes related to the permit.