



This permit is for Contractors engaged by AIT to carry out works which involves Hot Works e.g. any activity that involves open flames or producing heat or sparks. This includes grinding, welding, drilling, brazing, cutting with oxyacetylene, soldering and use of heat-guns or blow torches. It is also required for lighting controlled-fires.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Location where Hot Works to be undertaken:	
Type of Hot Works to be undertaken:	
Hot Works commencement time & date:	
Hot Works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No	N/A
• Has the area of the works been examined for fire risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any combustible liquids, vapours, dust or gases in the vicinity of the works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Will the floor within 20m been swept clean of combustible materials and/or made safe as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have combustible materials within 20m to be removed or made safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have wall and floor openings within 20m been covered with sheets of non-combustible material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Will the Hot Work will be undertaken by and under supervision of trained personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Will a fire extinguisher will be kept at the work area for the duration of the Hot Works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the Person undertaking the hot work know how and where to activate the fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Will smoke detectors or other elements of the fire detection system require to be isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the person undertaking the Hot Works aware of the Smoke Detector Dust Cap Procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Will the Contractor notify the Estates Office at the commencement and on completion of the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the Hot Works going to be carried out on composite roof or wall claddings panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If the Hot Works is above floor level, will non-combustible curtains or sheets be suspended beneath the work to collect the sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If Hot Works are to be carried out in an enclosure, will enclosure be cleaned of all combustible substances, and be made free of flammable vapours and airborne particles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the checklist above contains any No or Not Applicable (N/A), please provide description below and do not, under any circumstances commence Hot Works without liaising with AIT Estates Office and obtaining approval:

FIRE WATCH

Post completion (or interruption or unplanned stoppage) of the Hot Works, the Contractor must remain in attendance for 45 minutes to inspect the area and all adjacent areas where sparks and heat may have spread to ensure that there is no smouldering combustible materials.

Where the fire detection system has been temporarily isolated, or where the Smoke Detector Dust Cap Procedure has been in effect, a fire watch will be maintained until the Fire Detection System has been fully reinstated to normal working conditions.

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist for Hot Woks will be undertaken. I further confirm that all aspects of the fire detection system temporarily isolated will be reinstated upon completion of the works.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of AIT

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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