

Permit Form

HOT WORK



Important: Please download and open this form using Adobe Acrobat or PDF Reader to ensure this form can be submitted properly. Alternatively, please send completed form to the details below.

This form is to be completed by the person responsible for the work being performed.

Any approval by Te Pae Christchurch for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity.

Please complete the sections below and submit this form no later than 14 days (not applicable for internal permits) prior to the work commencing by using the "Submit" button on page three. Final approval will be completed on the day. For assistance, please contact:

Health, Safety and Security Manager, Te Pae Christchurch Convention Centre

Phone: +64 3 266 1400

Email: healthandsafety@tepae.co.nz

Contact Details

Name		Company Name	
Phone Number		Company Address	
Email Address		Post Code	
Name of Event*		Stand Name*	
Event Dates*		Stand Number*	

** if applicable*

Permit Details

"Hot works" includes all temporary operations involving open flames or producing heat and/or sparks, this includes, but is not limited to brazing, cutting, grinding, soldering, thawing, welding and cooking.

Please note: All permits are only valid for a maximum of one working day.

Hot Work Details (Burning/Grinding/Welding/Cooking)

Identify the location of work (please include room names if applicable):

Describe the scope of works.

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Potential Hazards

Identify the possible hazards you may incur:

- | | | |
|--|--|--|
| <input type="checkbox"/> Biohazard | <input type="checkbox"/> Explosive gas | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Oxygen enrichment | <input type="checkbox"/> Oxygen depletion |
| <input type="checkbox"/> Poor lighting | <input type="checkbox"/> Smoke | <input type="checkbox"/> Tripping/falling/striking objects |
| <input type="checkbox"/> Other (please specify below): | | |

Working Area Controls

List controls required for the working area (e.g. such as barriers, fencing, shields):

Control Measures

Identify control measures to be implemented:

<input type="checkbox"/> Department staff informed	<input type="checkbox"/> Hazard/equipment isolated
<input type="checkbox"/> Protective equipment required (specify below):	<input type="checkbox"/> Other (specify below, e.g. extraction/LEV):

Additional Information

Please ensure the following information is adhered to before commencing hot work at Te Pae Christchurch:

HOT WORKS CHECKLIST:

- Identify whether sprinklers or smoke isolation is required (where applicable)
- Hot work equipment is to be in good condition (e.g. power source, leads, torches, etc. must be inspected prior to use to ensure they are fit for purpose)
- Task specific fire extinguishers are to be readily available (minimum of two)
- The Fire Watch Monitor must be competent to use a fire extinguisher
- Contact is to be made with the Health and Safety department to ensure the fire alarm system is protected/isolated as appropriate.

REQUIREMENTS WITHIN THE WORK AREA

- Area to be checked for combustible materials which must be removed before work can commence. This can include paper, cardboard, dust, lint, debris, flammable liquids and oily deposits.
- Combustible flooring and other combustible surfaces must be protected with heat protection mats, or other suitable materials.

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- All wall and floor openings are to be covered.
- Walkways are to be protected beneath hot work.
- Explosive atmosphere in area is eliminated.
- Flammable liquids/chemicals are removed from work area or stored appropriately.
- Area to be screened, protected and safety signs to be displayed.

WORK ON WALLS OR CEILINGS

- Combustibles are to be moved away from the other side of any wall worked on.

FIRE WATCH MONITOR/HOT WORK AREA MONITORING

- A Fire Watch Monitor must be provided during work and for a period of one hour after work (including any coffee or lunch breaks). Please remember that adjacent surfaces need to be checked (walls, ceiling voids etc).

COMPLETION OF WORKS AND FIRE WATCH

- Ensure that any fire alarms, protection devices have been removed and returned.

Declaration

- I declare that I have read and understood this permit and have completed this form to the best of my knowledge.

Date:	
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Submit

Once the sections above have been completed, please submit this application form. The following Mandatory Safety Requirements will be reviewed on the day the work is taking place.

Mandatory Safety Requirements

It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that the Health and Safety at Work Act 2015, applicable legislation, procedures and safe work practices are followed, as far as reasonably practicable, to protect the health and safety of all persons.

All work areas will be checked for combustibles to be removed or protected prior to work commencing.

All work areas will be isolated (screened, protected or roped off) as necessary and warning signs displayed.

All safety systems associated with the working area requiring isolation, inclusive of smoke alarms, are to be approved prior to work starting.

A Fire Watch Monitor is to be nominated on the day, prior to hot work commencing. They will monitor the work and nearby areas continually for combustion. They will have at least two fire extinguishers, suitable for the task available with them. The Fire Watch Monitor must be competent with using a fire extinguisher.

The Fire Watch Monitor will continually monitor the surrounding areas for combustion up to **one hour** after work completion

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Declaration of Understanding

All workers taking part in the task are to sign to declare that they have read and understood the above Mandatory Safety Requirements:

Name	Signature

Te Pae Christchurch Convention Centre use only

Risk and Compliance Authorisation

Smoke isolation required?		Smoke isolation approved?	
Fire protection impairment required?		Fire protection impairment approved?	
Date permit valid for:		Time from:	Time to:

Permit Control

Name of Issuer:		Signature:		Date:	
Name of Receiver:		Signature:		Date:	

Permit Closure

This section is to be completed on inspection of work area after work has been completed.

Has the area been left clean and tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all tools and barriers etc been removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has no damage occurred to walls, floors etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any system isolated been re-instated	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Te Pae Christchurch permit issuer:		Date:		Time:	
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