

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. 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 to healthandsafety@tepae.co.nz. 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		Email Address	
Name of Event *		Location	
Permit dates required		Permit times required	

**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 **7 days from the date of issue with the same scope of work.**

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

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

Describe the scope of works as under SOP or JSEA

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 checked="" type="checkbox"/> Poor lighting | <input type="checkbox"/> Smoke | <input type="checkbox"/> Tripping/falling/striking objects |

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<p>Check the boxes of any PPE required:</p>	<input type="checkbox"/> Coveralls <input type="checkbox"/> Hand protection <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety boots <input type="checkbox"/> Air – supplied respirators <input type="checkbox"/> Particulate respirator <input type="checkbox"/> Hot or cold resistant gloves	<input type="checkbox"/> Eye protection/Goggles/Full face <input type="checkbox"/> Harness/Fall Protection <input type="checkbox"/> Hi-vis clothing <input type="checkbox"/> Safety helmet fit for job (Shock) <input type="checkbox"/> SCBA <input type="checkbox"/> Chemical cartridges or full face
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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"/> Suitable Extinguishers to hand	<input type="checkbox"/> Other (specify below, e.g. extraction/LEV):
<input type="checkbox"/> LOTO Applied and tested, verified.	

HEIGHT WORKS CHECKLIST FOR ISSUERS:

- SWMS/JSEA identifies the specific project and location with title.
- All staff including contractors (Subs) are signed onto SWMS/JSEA with full contact information.
- Full scope with job steps included for specific tasks.
- Workers are identified that are responsible for the compliance of the SWMS/JSEA.
- Workers signed onto SWMS/JSEA must have input with the job.
- All critical risks identified with appropriate controls/permits in place (Confined Space, Working at Heights etc).
- Training records for all workers checked.
- All equipment is to be in good condition, Tagged and Tested.
- Te Pae Hierarchy of controls followed to reduce risks with appropriate controls to eliminate or minimise risks.
- Identifies emergency response plan over and above services or security control.
- Does the SWMS/JSEA have the ability to record all modifications when job conditions change and recognize changes to scope must be approved first.
- All PPE must be task specific without room for interpretation.
- Identify whether sprinklers or smoke isolation is required (where applicable).

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.
- 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

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

Safety Observer /Fire watch Declaration			
Pre-Start Declaration	I confirm I understand the permit requirements, that I have been briefed on the task and hazards.		
Date	Time	Name	Signature
Post-Work Declaration	By signing this I confirm the fire watch duties have been completed and all sources of ignition have been removed.		
Date	Time	Name	Signature

Declaration

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

Date:

Once the sections above have been completed, please submit this application form to healthandsafety@tepae.co.nz

Permit Control

Name of Receiver:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
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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.

Te Pae Christchurch Convention Centre use only

Risk and Compliance Authorisation

Smoke isolation required?	<input type="text"/>	Smoke isolation approved?	<input type="text"/>
Fire protection impairment required?	<input type="text"/>	Fire protection impairment approved?	<input type="text"/>
Date Permit valid for:	<input type="text"/>	Time from:	<input type="text"/>
		Time to:	<input type="text"/>

Permit Control

Name of Issuer:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
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Permit Closure by Issuer

This section is to be completed on inspection area after work has been completed (by an issuer).

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Has the area been left clean and tidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Have all tools and barriers etc been removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Has no damage occurred to walls, floors, building, EWP, equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Isolated systems re-instated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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