



Note: This permit is issued only to hot work carried out on shore.

HOTWORK PERMIT

DATE AND TIME OF ISSUE:hrs...../...../.....		PERMIT EXPIRES AThrs ON/...../.....	
PERMIT ISSUER:		COMPANY:	
PERMIT HOLDER:		HAZARDOUS AREA: YES/NO (Strike out not applicable)	
LOCATION:		AREA CLASSIFICATION: ZONE 0, 1, 2, 20, 21, 22 (AS/NZS2430 Classification of Hazardous Areas) (Strike out N/A)	
WORK CREW:			
WORK DESCRIPTION:			
EQUIPMENT TO BE USED:			
BEFORE APPLYING FOR PERMIT, THE FOLLOWING CHECK LIST MUST BE COMPLETED BY PERMIT HOLDER IN CONSULTATION WITH WORK CREW.			
TASK	REQUIRED: YES/NO/NA ** Must be YES for work to commence.	RESPONSIBILITY	SIGN WHEN CARRIED OUT
**General work permit issued		Patrick Ports	
Verify Gas Test. Zones 0, 1 or 2.		Permit Holder	
Is equipment tagged and isolated		Patrick Ports	
Spark Containment		Permit Holder	
**The JSA has been prepared and a copy provided.		Permit Holder	
**Fire Extinguisher charged & ready for use.		Permit Holder	
Charged Fire/Water Hose		Permit Holder	
Hot work equipment in good repair		Permit Holder	
Ventilation		Permit Holder	
Fire watch present		Permit Holder	
Surrounding flammable/combustable material – cleared or protected & made safe.		Permit Holder	
Ensure the wind direction satisfactory for hot work to be done?		Permit Holder	
Has product movement been stopped in the area of hot work? – Must be stopped in hazardous zone.		Permit Holder	
Has the site been isolated & barrier/rope protected?		Permit Holder	
Are additional controls required Attach additional requirements as required.		Patrick Ports	
PERMIT HOLDERS ACCEPTANCE: I am fully aware of the precautions required and undertake to comply with the provisions of this permit. I will notify the permit issuer when the work is completed/ceased.		PERSON'S NAME:..... SIGNATURE AND DATE:	
PERMIT ISSUERS AUTHORISATION: I believe that this work is safe to commence if all the above conditions are met.		PERSON'S NAME:..... SIGNATURE OF ISSUER AND DATE:	
RE-ENDORSEMENT: This permit is extended until AM/PM On/...../.....		PERSON'S NAME:..... SIGNATURE OF ISSUER AND DATE:	
EQUIPMENT RETURNED TO SERVICE On/...../..... AM/PM Authorised by:		PERSON'S NAME:..... SIGNATURE OF AUTHORISED PERMIT HOLDER AND DATE:	

L.J. Ward