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|  | **Hot Works Permit** |

This permit must be filled out by the LIT Contractor Supervisor and sent to the Estates Manager and Health and Safety Officer for authorisation. This permit is required for all Hot Works (brazing, welding etc.).

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| **Section 1 – Prerequisites** |
| * A method statement and risk assessment is required for all hot works, and must be requested by the LIT Contractor Supervisor.
* All work must be undertaken and supervised by competent persons.
* Smoke detectors must be disabled or covered prior to work commencing.
* The work area must be inspected by the LIT Contractor Supervisor and the contractor prior to hot works being carried out to identify any hazards inherent to the location (flammable gasses/substances, combustible material/surfaces etc.), and again once works are complete.
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| **Section 2 - To be completed by LIT Contractor Supervisor:** |
| **Personnel** |
| **Requestor (LIT Contractor Supervisor):** |  |
| **Company carrying out hot works:** |  |
| **Contractor personnel 1:**  |  |
| **Contractor personnel 2:** |  |
| **Location** |
| **Campus:** |  | **Building:** |  |
| **Time & Duration** |
| **Start Date:** |  | **End Date:** |  |
| **Start Time:** |  | **End Time:** |  |
| **Task Details** |
| Provide a brief description of the task involving hot works:  |
| **I understand and accept my responsibility as contractor supervisor that I must ensure the prerequisites in section 1, and the operator rules outlined in section 2 must be met and adhered to at all times.** |
| **Signed:** |  | **Date:** |  |

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| **Section 3 – Contractor Personnel Rules** |
| **Contractors involved in hot works must read the rules set out in this section and sign below, indicating they understand these rules and agree to implement them in full.** |
| **Personal Protective Equipment (PPE) required:** * Contractor must wear appropriate PPE for the task: high vis jacket, safety footwear, gloves, eye protection.

**General Notes:** * Contact Estates before work commences to ensure smoke detectors have been disabled.
* Locate the nearest break glass unit to raise the alarm in the event of a fire.
* You must have this permit with you at all times during hot works.
* All accidents/incidents/dangerous occurrences/damage to property must be reported to the LIT Health & Safety Officer immediately.

**Equipment:** * The equipment must be maintained, conform with relevant standards, free from defects and visually inspected prior to work commencing.

**Prior to Work commencing:*** Turn off gas supply to room using e-stops/isolation valves if applicable.
* Remove all combustible material/equipment from the location.
* Cordon off the work area to protect passers-by from sparks & eye damage.
* Cover any combustible/flammable surfaces with fire blankets.

**During Works:** * If sparks are being generated, ensure they are well contained and do not introduce a risk of fire occurring.
* Have an appropriate fire extinguisher nearby to deal with outbreak of fire.
* Examine work area periodically to ensure there is no risk of fire occurring.

**Once work is Complete:** * 1-hour fire watch is required in to ensure fire does not start after personnel have left the work area.
* Inspect the area to ensure there is no risk of fire.
* Ensure high standard of housekeeping.
* Contact LIT Estates Responsible Person once work is complete.
 |
| **I understand and accept the rules set out above, and agree to implement them in full at all times.**  |
| **Contractor personnel 1:** |  | **Date:** |  |
| **Contractor personnel 2:** |  | **Date:** |  |

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| **Section 4 – Authorisation** |
| **Authorisation will only be granted once sections 2 and 3 have been filled out by the LIT Contractor Supervisor and the contractor personnel. Authorisation can only be given by the Estates Manager and the Health & Safety Officer.** |
| **Authorised by:** |  | **Date:** |  |
| **Position:** |  |  |  |

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| **Section 5 – Hand Back** |
| **The LIT Contractor Supervisor and the Contractor Personnel must sign below, indicating:*** The work is complete to a satisfactory level.
* The work area has been made safe.
* 1-hour fire watch has been observed.
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| **LIT Contractor Supervisor:** |  | **Date:** |  |
| **Contractor Personnel:** |  | **Date:** |  |