|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Congregation/ Location** **Work Location (Building/Floor/Room)** | | | | | | | | | | | | | | |
| **Work Order /Permit No. (***if Applicable)* | **Valid From: / / am/pm to / / am/pm** | | | | | | | | | | | | | |
| **Description of Work** |  | | | | | | | | | | | | | |
| **Linked to Other Permits** | No  Yes -  Confined Space  Working at Height  Other (List)  *(attach other permits to this permit with SWMS)* | | | | | | | | | | | | | |
| **Work Completed By** | Employee  Contractor | | | | | Name(s): | | | | | | | | |
| **Security Notification (Fire Panel Operation)** | Yes  No  N/A | | | | | | | | | | | | | |
| **FIRE PROTECTION SYSTEM** | | | | | | | | | | | | | **YES** | **N/A** |
| Fire Sprinklers and/or Thermal Detectors must be confirmed as operational i.e. **NOT ISOLATED** (where installed)  Exception: Thermal Detectors are to be isolated when the hot work activity may cause excessive heat, such as welding within 50 cm of thermal detector, or running engines and no ventilation | | | | | | | | | | | | |  |  |
| Smoke Detectors must be isolated in the work area (where installed) | | | | | | | | | | | | |  |  |
| Fire alarms isolated where required and personnel in the area and Church Representative notified | | | | | | | | | | | | |  |  |
| Defined Access/Clear-ways | | | | | | | | | | | | |  |  |
| **AREA WITHIN 15 METERS OF THE HOT WORK** | | | | | **YES** | | **N/A** | **AREA WITHIN 15 METERS OF THE HOT WORK** | | | | | **YES** | **N/A** |
| Warning Signs/Barricades | | | | |  | |  | Enclosed equipment cleaned of all combustibles | | | | |  |  |
| Spark/flash/fire resistant screens or curtains provided | | | | |  | |  | Containers purged of flammable liquids and vapours | | | | |  |  |
| Work area, trenches, pits, etc. must be clear of flammable liquids, gases, vapours and combustibles (dust, lint etc.) | | | | |  | |  | Pressure vessels, piping and equipment removed from service, isolated and ventilated. Shut down ducts or spaces that may carry sparks | | | | |  |  |
| Combustible floors wet down and covered with damp sand or fire-resistant coverings | | | | |  | |  | Fire resistant tarps suspended beneath work | | | | |  |  |
| All floor & wall openings within 10m must be clear or covered to prevent transmission of sparks | | | | |  | |  | Hot Work Equipment Inspected; Flash Back Arrestors on gas hoses and regulators | | | | |  |  |
| Work area adequately ventilated | | | | |  | |  | Appropriate PPE worn for the task and inspected | | | | |  |  |
| **FIRE WATCH (during and for 60 minutes after completion of work)** | | | | | **YES** | | **N/A** | **EMERGENCY**  **In case of emergency dial 000 for Fire and Ambulance Services and notify Church Representative** | | | | | **YES** | **N/A** |
| Fire watch is supplied with appropriate firefighting equipment | | | | |  | |  | Communication devices to backup personnel, i.e. Fire & Rescue | | | | |  |  |
| Fire watch is trained to use equipment and sound alarm | | | | |  | |  | First Aid Kit & Trained First Aider available | | | | |  |  |
| Fire watch required in adjoining areas above and below | | | | |  | |  |  | | | | |  |  |
| **PERMIT HOLDER** | | | | | | | | | | | | | | |
| *I am satisfied that all precautions are in place to allow personnel to undertake the task.*   * A risk assessment has been completed and attached to this permit. | | | | | | | | | | | | | | |
| Name | | Position | | Company | | | | | Signature | | Date | Time | | |
|  | |  | |  | | | | |  | |  |  | | |
| **SUPERVISOR /CHURCH REPRESENTATIVE AUTHORISATION** | | | | | | | | | | | | | | |
| *I am satisfied that all precautions are in place to allow personnel to undertake the task.*   * I have read and signed approval on the attached risk assessment. | | | | | | | | | | | | | | |
| Name | | Position | Company | | | | | | | Signature | Date | Time | | |
|  | |  |  | | | | | | |  |  |  | | |
| **PERMIT CLOSURE – SUPERVISOR/CHURCH REPRESENTATIVE** | | | | | | | | | | | | | | |
| Name | | Position | Company | | | | | | | Signature | Date | Time | | |
|  | |  |  | | | | | | |  |  |  | | |
| **Have you Reinstated the Fire Protection System?  YES  NO N/A** | | | | | | | | | | | | | | |