

FSPC - HOT WORK ORDER- PERMIT

W.P.No:

Date:

Section1 – Detail of work									
Project Location									
Preventive & Maintenance		Complaints/repair service		General Service		Additional project			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Nature of Job									
<i>(Select all that apply)</i>									
<input type="checkbox"/> Work in high traffic areas		<input type="checkbox"/> Cleaning work			<input type="checkbox"/> Using power tools				
<input type="checkbox"/> Hot work (including welding, cutting and grinding etc.)		<input type="checkbox"/> Use of hazardous chemicals (paints, fuels, solvents etc.)			<input type="checkbox"/> Work on or near electrical equipment				
<input type="checkbox"/> Work in areas near members of the public		<input type="checkbox"/> Work on Asbestos Containing Materials			<input type="checkbox"/> Use of mobile plant (eg. forklift, crane, vehicle)				
<input type="checkbox"/> Demolition		<input type="checkbox"/> Excavation or trenching			<input type="checkbox"/> Confined space entry				
<input type="checkbox"/> Working at heights >2m (e.g. roof work, ladders, cherry pickers, scissor lift etc.)					<input type="checkbox"/> Others(specify)				
Valid for a period of									
Work start date		Start time		Work ending date		Finish time			
Contractor company name/contact number									
Name of the persons							NO. of persons:		
Any other information:									
Section 2 Precautions							Tick box		
(This permit will not be authorized until all appropriate precautions have been taken)							Yes	No	N/A
1	Has a risk assessment and safe method of work statement been produced specifically for this work and have persons who are involved in this work been informed?								

2	Others have been informed of work in progress / non-essential personnel removed from area			
3	Are persons carrying out this work competent and experienced with the type of hot work?			
4	Is the equipment to be used in good working order and fitted with all appropriate safety devices?			
5	The welding equipment, PPE and safety equipment have been examined by a competent person			
6	Has the area where work is to be carried out been checked for any additional fire hazards such as combustible and flammable materials, flammable atmospheres, voids for combustible dust etc.?			
7	Have combustible or flammable materials, etc., been removed from the hot works area			
8	Have non-moveable combustible or flammable materials, Protected, covered or dampened?			
9	Atmosphere free from flammable / explosive mixtures of gases / vapours etc., in air			
10	Atmosphere free from oxygen enrichment like medical oxygen gas line and cylinder			
11	Precautions have been taken to prevent skin burns, arc-eye and electric shock to operatives			
12	If the fire / smoke detection system will be affected, is there a permit to work in place to allow the alarm system to be isolated where necessary for the specific area where works are being carried out?			
13	Have others who are not connected with this work vacated the area?			
14	Is the area adequately ventilated?			
15	Fume extraction / general ventilation provided to remove fumes and provide fresh air supply			
16	Items to be welded and atmosphere free of degreasing solvents (produce toxic gas with U.V)			
17	Have persons who will be involved in hot works been made aware of the emergency Procedures, i.e., Fire-Fighting, raising the alarm and escape routes?			
18	Trained fire fighter and first Aider in attendance and operatives are aware of site fire procedures			
19	All operatives are competent in arc welding procedures and understand safe working methods			
20	Are working areas suitably guarded-off and appropriate signs displayed?			
21	Have appropriate fire-fighting appliances been positioned by the hot works area?			
22	Fire detection equipment isolated in the working area			
Specific safety arrangements				
23	Hot works must cease 1 hour before the end of the shift to ensure there is no potential risk of fire and a duty holder must remain present in the vicinity for 1 hour to check the area is safe before signing-off this Permit.			
24	Name of person who will be allocated this duty			
25	Has all appropriate PPE been provided?			

PERSONAL PROTECTIVE EQUIPMENTS TO BE USED:			
<input type="checkbox"/> Helmet	<input type="checkbox"/> Hand glove	<input type="checkbox"/> Apron	<input type="checkbox"/> Gas mask
<input type="checkbox"/> Safety shoe	<input type="checkbox"/> Gum boots	<input type="checkbox"/> Safety goggles	<input type="checkbox"/> Ear plugs/ muffs
<input type="checkbox"/> Safety belt	<input type="checkbox"/> Face shield	<input type="checkbox"/> Dust mask	<input type="checkbox"/> Life line rope
<input type="checkbox"/> Barricade	<input type="checkbox"/> Signage boards	<input type="checkbox"/> Others (specify)	

We (being the Authorized person) hereby certify that we have inspected the work area and authorize the specified works to commence.			
	Name	Signature	Date & Time
block – Additional Member Secretary			
DMS of this block / officer in-charge			
Fire consultant			
1. Receipt. I (being the person in charge of work), hereby declare that I accept responsibility for carrying out the work as detailed on this permit. No other work will be carried out Note: Copy to be retained by the person in charge of work			
Signature		Date	Time
2. Completion clearance. I, (being the person in charge of the work), hereby declare that all work has been completed and the work area has been cleared. Fire checks found no sparks, smoldering fires or other ignition source immediately after completion and 30 minutes later. Note Copy to be retained by person in charge of work.			
Signature		Date	Time
3. Cancellation, I (being the Appointed Person), confirm that all work has been completed, the area is fire safe and this permit is cancelled Note: Copy to be retained by person in charge of work.			
Signature		Date	Time

General instructions:

1. The **block DMS** should be aware and authorize all the work order permit especially regarding welding and cutting works.
2. The Contractor under the service provider must register at the Security Control area at block Level at the beginning of the day and book out at the end of the day on a daily basis.
3. The safety officer from the service provider end should be available within the work premises and his name and contact details should be given to the in charge/ block DMS during undertaking such works
4. The FSPC committee shall at any time during the renovation works to gain access into the site to make spot checks and issue instructions to ensure that the conditions contained herein are complied with
5. The Contractor shall seek the **hot work permit** approval in the prescribed format at least 10 working days in advance and a copy has to send to the FSPC.
6. The Contractor shall ensure that his stock, goods or equipment are kept within the site and all common corridors and fire escape routes are to be kept clear and unobstructed.
7. The Contractor shall be responsible to provide all necessary safety devices and safety precautions to eliminate danger to its workmen, patients, staff and the general public and the property of others.
8. Contact details – for emergency –call through intercom **6999 – JIPMER** telephone reception **& Inform - Dhanvantari Nagar Fire station through telephone number 0413-2272913 “And / or” Puducherry fire service control room** telephone number 101/ 0413 - 2336238
9. Copy of all informations related to hot work permit works and any untoward events arising due to same, should be immediately informed to Member Secretary FSPC – Dr. Gunaseelan K Contact details: 9362966444, 9500501257.

Remarks

Signature with Date & Seal of contract agencies

Signature with Date & Seal of
Facility management