



Yarmouth (IOW) Harbour Commissioners



'HOT WORK' PERMIT

REQUEST TO CARRY OUT 'HOT WORK' IE BURNING, WELDING OR OTHER FORMS OF HOT WORK INVOLVING NAKED FLAMES ON BOARD VESSELS AND/OR ON QUAYS IN YARMOUTH HARBOUR

Job information

Location: (i.e. Berth No/Name)	Vessel Name: (If work is to be carried out on a vessel)
Description of work to be undertaken:	

Contractor Information

Name:	Address:
Telephone Number:	Fax:
Email:	

NOTE: NONE OF THE ABOVE WORKS ARE TO BE CARRIED OUT PRIOR TO PERMISSION BEING GRANTED

1. Area clear of dangerous/combustible materials/liquids?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. Combustible materials/liquids covered or shielded?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. Adjacent rooms/walls clear of dangerous/combustible materials/liquids?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4. Adequate ventilation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5. All 'hot work' equipment in good order?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
6. Adequate fire fighting equipment at site?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7. Responsible area supervisor notified?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
8. Will you have a look-out/assistant?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
9. Adequate shielding available to protect on-lookers from flash or UV light?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
10. Adequate insurance cover in place?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
11. Risk assessment completed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
11. Details of any site-specific risks, special conditions or precautions being taken:		
12. When will 'hot works' begin?	Date:	Time:
13. When will 'hot works' end?	Date:	Time:
<p><i>I have personally examined the above precautions and am satisfied that all necessary safety arrangements have been taken and will be maintained for the duration of the work.</i></p> <p><i>I will immediately report to YHC any incident or dangerous occurrence or un-planned event.</i></p> <p><i>I will inform YHC when works are complete.</i></p> <p><i>I will sign off the permit when works are complete</i></p>		
Name:	Signature:	Date:

FIRE WATCH – Work area and all adjacent areas to which sparks and heat might have spread (such as floors above and below and on opposite sides of walls) **MUST BE INSPECTED IMMEDIATELY AND FOR AT LEAST 30 MINUTES** after the work has been completed to be found fire safe.

To be completed by Yarmouth Harbour

Permission Granted: <input type="checkbox"/>	Signature: HM/DHM/Duty Officer (Delete as applicable)	Date:
Permission Refused: <input type="checkbox"/>		
Reason for refusal:		

Note: In the event of a refusal the applicant must be advised immediately and this form returned with the reason for refusal.