

Hot/Dust Works Notice

Notice #:	Site Location:		
Hot works permits are only valid for a maximum of 1 working day			
Date required (max duration 1 day):	Valid From (time):	To:	
Type of Hot Works (Welding, Grinding, Cutting etc.):			
Hot Works Safety Requirements			Actioned
All areas to be checked and combustibles removed or protected before commencement of work			Yes/No/NA
All areas to be screened, protected, roped off as necessary and warnings signs displayed			Yes/No/NA
All systems associated with the work to be isolated, inclusive of smoke alarms			Yes/No/NA
Assistant to standby with fire extinguisher suitable for task. (Competent in use)			Yes/No/NA
Area to be checked/inspected for combustion between 60 min to 4 hours after completion of work			Yes/No/NA
Dust Works permits are only valid for a maximum of 1 working day			
Date required:	Valid From (time):	To:	
Type of Dust Works (Excavations, disturbance of surface dust etc):			
Dust Works Safety Requirements			Actioned
Has the area of the works been cordoned off and made dust proof to prevent the contamination of dust in adjacent areas?			Yes/No/NA
Is there a Contractor supplied Dust extraction device e.g., a vacuum cleaner etc on site to minimize dust contamination?			Yes/No/NA
Is there adequate ventilation of the area?			Yes/No/NA
Is it necessary to isolate fire detection equipment and cover the fire detection devices to prevent the ingress of dust and/or contamination? If so, fill out Fire System Impairment Notice.			Yes/No/NA
Are personnel trained in the use of PPE, firefighting equipment & raising the fire alarm?			Yes/No/NA
Job Acceptance Declaration			
I shall be responsible for the supervision of all members working on site and shall ensure all works are carried out in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.			
Name:	Signature:	Date:	Time:
Job Completion Declaration			
I have completed the works in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.			
Name:	Signature:	Date:	Time:
Has Fire protection/detection systems have been re-instated?			Yes/No/NA