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HSE OPERATIONAL CONTROL FORMS	Document No	ADTKP-OP-309-FRM02
Form Title	Effective Date	30/06/2013
HOT WORK PERMIT	Review Date	02/07/2019

SECTION 3 – Person In charge

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read the attached risk assessment and Rescue plan and have the observed risk controls in place.

Name:	Signature:	Contact No:	Company:	Date: / /
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SECTION 4 – No Objection with stamp from Concerned Departments

Engineering	Operations
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SECTION 5 – Authorisation and Permit Validity (ADT HSE DEPARTMENT)

Date of issue : / /	Starting time :..... hrs
Date of expiry : / /	Expiry time :..... hrs

SECTION 6 – Extension of Time

Date of issue : / /	Starting time :..... hrs
Date of expiry : / /	Expiry time :..... hrs

I authorise the Hot Work subject to conditions/precautions of the Risk Assessment indicated on this Permit.

Name:	Signature:	Date: / /
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Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, fire, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

SECTION 7 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:

All work associated with this Hot Work Permit has been:	<input type="checkbox"/> COMPLETE <input type="checkbox"/> CANCELLED <input type="checkbox"/> SUSPENDED
The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
The work area and adjacent area have been inspected for duration of fire watch for at least 30 minutes after completion of the Hot Work.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment has been checked and restored correctly.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Comments:
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Company:	Name of the person:	Signature:	Date:	Time :
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