**Request to Conduct Hot Work**

**Frances Bay Mooring Basin Hot Work Application**

This form is for the purpose of obtaining permission from DIPL to conduct hot work and does not remove the requirement for users to complete their own safe systems of work. Hot work means any construction, demolition, alteration, repair or maintenance work involving burning, cutting, welding, grinding, drilling or any other heat, flame or spark producing operation. If a contractor is undertaking the hot work on the vessel then the contractor will apply for the hot work permit.

***A RESIDUAL CURRENT DEVICE FOR PORTABLE EQUIPMENT IS MANDATORY***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGENT OR MASTER TO COMPLETE** | | | | | |
| Vessel Name: | | | | | |
| Berth Facilities: | | | | | |
| Vessel Contact Name: | | | | | |
| Vessel Contact Number: | | | | | |
| Detailed Description of Hot Works, Equipment to be used and Specific Location on Vessel: | | | | | |
| Name and contact number of responsible person carrying out hot works: | | | | | |
| Agent or Master’s Name: | | | | | |
| Agent or Master’s Contact Number: | | | | | |
| Has the vessel Master read and understood the Frances Bay Hot Work Policy? | | | Yes☐ | | No☐ |
| Validity period of the permit shall not be exceeded beyond 9 hours | | | | | |
| Permit valid from: | Permit valid to: | | | | |
| Permit time from: | Permit time to: | | | | |
| List type of fire fighting equipment, portable fire extinguishers and other equipment available for use: | | | | | |
| **The following questions are derived from the *Frances Bay Hot Work Policy*. Please read the Policy before proceeding any further with the completion of this form. *Wharf Staff***  ***to Check*** | | | | | |
| Has the Hot Work Supervisor been notified? | | Yes ☐ | | No ☐ | ☐ |
| Has a Job Safety Environmental Analysis been provided? | | Yes ☐ | | No ☐ | ☐ |
| Are the mandatory minimum control measures in place? | | Yes ☐ | | No ☐ | ☐ |
| Has the minimum separation distances been observed? | | Yes ☐ | | No ☐ | ☐ |
| Can you conduct hot work safely as there are no incompatible operations such as Bunkering or Transfer of Dangerous Goods being undertaken concurrently? | | Yes ☐ | | No ☐ | ☐ |
| Have weather conditions been taken into account? | | Yes ☐ | | No ☐ | ☐ |
| Are the protective guards and shields appropriate for the work? | | Yes ☐ | | No ☐ | ☐ |
| Is the vessel free of Class 1 Dangerous Goods? | | Yes ☐ | | No ☐ | ☐ |
| Do you have a permit to work system for hot work that may be carried out in a confined space/enclosed space on the vessel? | | Yes ☐ | | No ☐ | ☐ |
| Has the Fire Watch person been appointed and understands their duties? | | Yes ☐ | | No ☐ | ☐ |

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| --- | --- | --- | --- |
| Have all checks and precautions as per the *Frances Bay Hot Work Policy* been undertaken to commence Hot Works? | Yes ☐ | No ☐ | ☐ |
| NOTE: Where indicated *No* please explain : | | | |
| **I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract are suitably qualified and execute their duties in a safe manner in accordance with the requirements of this Application**  Name & Signature of the vessel Master/Contractor Date | | | |
| Email to: [smallships.scheduler@nt.gov.au](mailto:smallships.scheduler@nt.gov.au) | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISSUING OFFICER TO COMPLETE BEFORE WORK COMMENCE** | | | | |
| **The following questions apply to:**  **All hazardous work not involving naked flame or continuous spark production, and would include use of electrical equipment, use of air driven rotary equipment, sand or grit blasting, hammering and mechanical chipping and movement of equipment or materials over or near to machinery that is operating.**  **All Hot Work involving high temperatures, open flame, electric arc or continuous source of sparks. Etc. This type of work includes but is not limited to welding, burning and grinding.**  **If required, tests for combustible gas should be carried out immediately before hot work commences and at frequent intervals while the work is in progress.** | | | | |
| Has the Hot Work area been checked with a combustible gas indicator for hydrocarbon? What time? | Yes ☐ | No ☐ | Time: | Date: |
| Has the surrounding area been made safe? | Yes ☐ | No ☐ | Time: | Date: |
| Has the equipment or pipeline been gas freed? | | | Yes ☐ | No ☐ |
| Has the equipment or pipeline been blanked? | | | Yes ☐ | No ☐ |
| Is the equipment or pipeline free of liquid? | | | Yes ☐ | No ☐ |
| Is the equipment isolated electrically? | | | Yes ☐ | No ☐ |
| Is additional fire protection available? | | | Yes ☐ | No ☐ |
| Special conditions/precautions? | | | Yes ☐ | No ☐ |
| NOTE: Where indicated *No*, please explain: | | | | |
| **ISSUING OFFICER** | | | | |
| I am satisfied that the applicant/contractor information provided to me is sufficient to show that the Master/Agent has a safety system in place to fulfill their legal obligations to conduct works in a safe manner. Hot work is allowed to be conducted from the period of time specified on the application UNLESS notes have stipulated further guidance or instruction  Printed Name & Signature of the Issuing Officer Date | | | | |

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