



Original

Permission to hot work

Emergency phone number 35 92 24 44

Work permit continues from:

Permission/ resuming	From date	Time	To date	Time	Issuer	Executer	From date	Time	To date	Time	Issuer	Executer			
Executer:		Executer phone no.				Plant/unit:				Requisitioner phone no.					
Equipment no.		Wire/cable nr.				Instrum./tag/comp no.				Circuit/cell no.					
Job decription															
Preparation (operation/issuer)					No	Yes	Done/sign.	Security enforcement is carried out by:					Not relevant	Issuer Yes	Executer Yes
Depressurization								Area is blocked/barriered					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage								Fire fighting equipment					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed off with:								Fireguard					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed valves								Drains and sumps covered					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locked valves								Combustible materials removed/covered					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnection								Work place is kept wet					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blinds								Welding equipment properly grounded					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam vented								Additional protective/safety measures					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water flushing								Additional electrical safety measures					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flushing with nitrogen								Food security measures					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venting								It is to be tested for the following gases:							
Disabled radioactive source															
Electrical isolated with fuse															
Electrical isolated with safety switch															
Need for overriding/disabling of fire loop															
Checked with a test start															
Gas test:					Not relevant	Issuer Yes	Executer Yes	Measurement result:							
Single measurement					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date							
Repeated measurement					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time							
Continious measurement					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas							
								Cons.							
Special instructions/information on hazards:							Name of executer:								
Special sign. Power supply:			Special sign. Pipe bridges: HIP Utilities:			Special sign: EI/Aut.		Special sign.: Affected area of operation:			Special sign. Op. manager:				
Need for safe job analyses (SJA) Yes <input type="checkbox"/> No <input type="checkbox"/>							Agreed function testing: Yes <input type="checkbox"/> No <input type="checkbox"/>								
Work permit and potential risk is reviewed:															
Permission is given by issuer						Executer									
Date:						Sign.:		Date:					Sign.:		
Work continue on a new work permit nr.....										Work controlled and equipment taken over					
Function tested					Done <input type="checkbox"/>	Not done <input type="checkbox"/>	Not relevant <input type="checkbox"/>		Date: Time:						
Work done and workplace cleared										Sign. issuer					
Executer name: Date: Time:															



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Job decription														
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Drainage								Issuer						
Closed off with:								Yes						
Closed valves								Executer						
Locked valves								Yes						
Disconnection								Area is blocked/barriered						
Blinds								Fire fighting equipment						
Steam vented								Fireguard						
Water flushing								Drains and sumps covered						
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Electrical isolated with fuse								Additional protective/safety measures						
Electrical isolated with safety switch								Additional electrical safety measures						
Need for overriding/disabling of fire loop								Food security measures						
Checked with a test start								It is to be tested for the following gases:						
Gas test:					Not relevant	Issuer Yes	Executer Yes	Measurement result:						
Single measurement					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date						
Repeated measurement					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time						
Continious measurement					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas						
								Cons.						
Special instructions/information on hazards:							Name of executer:							
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Date:						Sign.:		Date:					Sign.:	
Work continue on a new work permit nr.....										Work controlled and equipment taken over				
Function tested			Done <input type="checkbox"/>		Not done <input type="checkbox"/>		Not relevant <input type="checkbox"/>			Date:			Time:	
Work done and workplace cleared														
Executer name:						Date:		Time:		Sign. issuer:				