

Permit and Checklist for Fire Hazard Works

Alarm address: Workplace:

The permit is valid from: (inclusive) till: (inclusive)

(The Permit Manager evaluates the scope of work and issues the permit for as short period as possible, generally not longer than one day/ work shift.)

PREPARATORY ACTIVITIES

	Yes	No	N/A
› Following risk assessment at the workplace:			
Does the work constitute a fire hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
› Permit manager's statement: I hereby issue this permit based on my appointment and authorisation (0)	<input type="checkbox"/>		
› Is the worker licensed to perform fire hazard works? (1)	<input type="checkbox"/>		
› Is there a need to call fire watch attendant(s) to supervise the site during the work? (2a) (The fire watch attendant must be present unless it is obvious that his/ her presence is not needed.)	<input type="checkbox"/>	<input type="checkbox"/>	
Designated place of fire watch attendant(s):			
› Has the obligatory post-work monitoring been agreed with the competent person? (2b) Full name: Specify the time period (not shorter than 1 hour):	<input type="checkbox"/>		
› For carrying out works in a space which contains/ has contained flammable materials:			
Has the permit been issued by the flammable materials superintendent? (3)	<input type="checkbox"/>		<input type="checkbox"/>
› Is suitable, operational and certified firefighting equipment available at the site in case of a need to immediately start firefighting action (8)?	<input type="checkbox"/>		
› Can the emergency services be called immediately? (10)	<input type="checkbox"/>		

WORK METHOD

› Work method and tools:.....			
› If gas welding equipment is to be used for the work is it free of defects and in compliance with the applicable safety rules? (9)	<input type="checkbox"/>		<input type="checkbox"/>
› For works related to installation of waterproofing systems or other works involving drying/ heating up is the torch flame encased? (11a)	<input type="checkbox"/>		<input type="checkbox"/>
› For melting ice and snow: does the permit manager allow for using open flame? (11b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
› During drying of underlay and application of waterproofing layers: will the material be heated up to max. 300°C? (12)	<input type="checkbox"/>		<input type="checkbox"/>
› During melting of bitumen: is the equipment handled in accordance with the provisions of the Swedish Fire Protection Association's regulation "Melting asphalt when working on roofs and balconies" (13)	<input type="checkbox"/>		<input type="checkbox"/>

PREVENTION

› Is the workplace tidy and wetted with water if necessary? (4)	<input type="checkbox"/>		
› Have all the flammable materials within the workplace been removed or protected by covering and/or screened off (5)	<input type="checkbox"/>		
› Have the heat-conducting constructions and/ or concealed combustible structural elements been protected and accessible to immediately put out the fire? (6)	<input type="checkbox"/>		<input type="checkbox"/>
› Have all the gaps, holes, penetrations and other openings within and near the workplace been sealed or checked and protected? (7)	<input type="checkbox"/>		<input type="checkbox"/>
› Are the emergency escape routes free of obstacles?	<input type="checkbox"/>		<input type="checkbox"/>
› Has the automatic fire alarm been disabled during the work? If so, what sections/ addresses have been disabled by the facility manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....
Other information:

Signatures of worker(s) and fire watch attendant(s):

	Worker	Fire watch attendant
Signature: Certificate OK <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full name (written legibly): Phone No.:		
Signature: Certificate OK <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full name (written legibly): Phone No.:		
Signature: Certificate OK <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full name (written legibly): Phone No.:		

Signature of the Permit Manager (All safety rules have been applied before and during the work, and during the post-work monitoring period as well)

Signature:
Full name (written legibly): Phone No.:

FINAL CHECK

Monitoring started on:(date) at(time)

Monitoring ended on:(date) at(time)

Approved by:

(Work is completed, post-work monitoring performed and fire protection at the workplace has been checked)