



For Use with MFM Work Order	<i>(If no MFM Work Order is issued, you must complete MFM Site Work Request form before proceeding)</i>		
Date Permit Requested			
Company Requesting Permit			
Work Area	Building Site: .....	Area: .....	
Expected Date & Duration of Hot Works	Start Works Date: .....	Start Time: .....	Finish Works Date: ..... Finish Time: .....
<b>Type Of Hot Works</b>			
<input type="checkbox"/> Electric/ARC Welding	<input type="checkbox"/> Oxy Welding/Cutting	<input type="checkbox"/> TIG/MIG Welding	
<input type="checkbox"/> Other (Specify) .....			
<b>Tenant Requesting Work</b>			
Tenant Company Name		Tenant Authority	
<b>Company Performing Work</b>			
Staff Name		Signature	

**Once form is complete, provide to MFM site staff direct OR if unavailable the MFM Helpdesk.**

MFM INTERNAL USE ONLY			
Date/Time Request Received	Received By		
<b>Pre-Hot Work Checklist</b> (to be performed with Contractor staff on site)			<b>CHECK</b>
			<b>YES / NO</b>
1. MFM Work Order issued or Site Work Request completed in full			<input type="checkbox"/>
2. MFM must approve works before start			<input type="checkbox"/>
3. Isolation of all smoke detectors on floor (Fire Services Isolation Permit Req'd)			<input type="checkbox"/>
4. Sprinklers in Service (if installed)			<input type="checkbox"/>
5. Fire Extinguisher(s) present and readily accessible			<input type="checkbox"/>
6. Within 10m of work area: Floors swept clean of combustibles. Combustible floors wet down, covered with damp sand, metal or other shields. No combustible material or flammable liquids. All wall and floor openings covered. Covers suspended around work to collect sparks.			<input type="checkbox"/>
7. Area must be clear of obstructions before works begin			<input type="checkbox"/>
8. If work is on walls and ceilings: Construction non-combustible and without combustible coverings. Combustibles moved away from opposite side of wall.			<input type="checkbox"/>
9. If work is on enclosed equipment (tanks, containers, ducts, dust collectors, etc)			<input type="checkbox"/>
10. Flammable items and liquids adequately shielded			<input type="checkbox"/>
11. Contractor Location of on-site MFM Staff and relevant contact number(s)			<input type="checkbox"/>
12. Fire Watch:			<input type="checkbox"/>
<input type="checkbox"/> To be provided during and 30 minutes after works			
<input type="checkbox"/> Equipped with extinguisher and small hose			
<input type="checkbox"/> Trained in use of equipment and in sounding fire alarm			
<b>PERMIT WILL ONLY BE APPROVED IF ALL CRITERIA ABOVE IS MET</b>			
Checklist Completed By: .....	Time Performed At: .....		
Signature: .....	Approved? (circle one): YES / NO		
<b>WORK AREA AND ALL ADJACENT AREAS WHERE SPARKS MIGHT HAVE SPREAD WERE INSPECTED FOR AT LEAST 30 MINUTES AFTER THE WORK WAS COMPLETED AND NO FIRE CONDITIONS WERE NOTED</b>			
<b>Works Completion Acknowledgement</b>	MFM Sign.....	Date.....	
	Contractor Sign.....	Date.....	