

## Hot Work Risk

## Checklist (HWRA)

Department/Location:

Assessment Carried out by:

Duty Holder Name:

Document Downloaded:

Assessment:

No:

HWRA  
Ref No.

Yes/No

Comments

Action  
Required

## 1. PRECAUTIONS

.1.1	Have all flammable liquids been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.1.2	Are all openings sealed or covered with flame retardants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.1.3	Are floors, walls and ceilings cleared of combustibles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.1.4	Will hot falling debris be contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.1.5	Combustibles that cannot be removed, can they be protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

HWRA Ref No.		Yes/No	Comments	Action Required
.1.6	Are final inspections carried out one hour after work has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.1.7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 2. GENERAL QUERIES

.2.1	Will there be safe access to and from the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.2.2	In case of emergency, are escape routes clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.2.3	Will a fire observer be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.2.4	If a fire observer is required, are they trained to use a fire extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.2.5	If a fire observer is required, are they trained to use a fire hose reel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.2.6	Are Hot Work Permits issued to and signed by contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

HWRA Ref No.		Yes/No	Comments	Action Required
.2.7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

### 3. WORK ON WALLS OR CEILINGS

.3.1	Is the construction material non-combustible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.3.2	Are combustible materials cleared from both sides?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.3.3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

### 4. WORK ON ENCLOSED EQUIPMENT OTHER THAN C

.4.1	Will enclosed equipment be cleaned of flammable materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.4.2	Have all hazardous substances been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.4.3	Have all flammable liquids/vapours been purged from containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
.4.4	Has a gas test been carried out checking for toxic/flammable substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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HWRA Ref No.		Yes/No	Comments		Action Required
.4.5	Is the oxygen content between 20 % to 23 %?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.4.6	Have all process-lines been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.4.7	If required, has exhaust/ventilation equipment been agreed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.4.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

#### 5. PPE / EQUIPMENT REQUIREMENTS

.5.1	Will a Fire extinguisher/ Blanket be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.5.2	Will a Fire Retardant cover be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.5.3	Will Warning signs be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.5.4	Will a Safety Screen/barrier be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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HWRA Ref No.		Yes/No	Cor		Action Required
.5.5	Will Welding Goggles be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.5.6	Will Welding Gloves be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.5.7	Will Welding Aprons be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
.5.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Assessor Name:		Supervisor Name:	
Signature:			
Date:			