

**GLASGOW AIRPORT ENGINEERING DEPARTMENT**

**APPLICATION FOR HOT WORK PERMIT**

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| **Contractor Task Assessment Reference Number :** |  |

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| --- | --- | --- |
| 1. **Location of Hot Works:** | | |
| **2. Description of Work and Equipment:**      **Type of Equipment to be used (please tick the box below)**  Oxy-Acetylene  Arc Welder  Cutter/Grinder  Propane Torch  Hot Air Gun  Belt Vulcaniser  Bitumen Boiler  Plasma Cutter  Others please specify | | |
| **3. Authorisation period:** | From: ………….………………… Hours | Date: …………….…………………… |
|  | To: . …………………………… Hours. | Date: ………….……..……………….. |
| 1. **Details of Supplier & Person in Charge of**   **Works:**  Supplier’s Name: …………………………..……………….  Person in Charge’s Name: …………………..……………. | Company:………………………………..  Company:……..………………………… | Telephone No: …………………………..  Telephone No: ………………………….. |
| **5. Requirements; If you intend to carry out any of the following, please note an additional permit will be required.**  **Do you intend to work Airside?**  **Do your works require you to enter a Confined Space?**  **Do you require to isolate any Fire Alarms?**  **Do you require to isolate any sprinklers?** | **IF YES Airside Working Permit may be required**  **IF YES Confined Space Permit may be required**  **IF YES Fire Alarm Isolation Permit is required**  **IF YES Sprinkler Isolation Permit is required** | |
|  | | |
| **Your Name ………………………………………………………… Company ……………………………………………………**  **Signature …………………………………………………………. Date ………………………………………………………….** | | |

This form to be submitted together with ***work specific*** method statement & risk assessments to:-

Scott Steel - Safety & Control Officer - Tel: 0141 848 4866 / 07770736577 Fax: 0141 848 4946 or

Derek Haldane - Control of Contractors Officer - Tel: 0141 848 4295 / 0792080604

At least **3 working days** notice is required before any permit will be issued.