

Permit and Checklist for Fire Hazard Works

Alarm address: Workplace:

The permit is valid from: (inclusive) to:(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 guard(s) to supervise the site during the work? (2a)
(A fire guard is not needed if the permit manager decides that it is obvious that the work can be carried out safely without his/ her presence.)
Designated place of fire guard(s):..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| › Has the obligatory post-work monitoring been agreed with the competent person? (2b) | <input type="checkbox"/> | | |

Full name:..... Specify the time period (not shorter than 1 our):.....

- | | | | |
|---|--------------------------|--|--------------------------|
| › 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 guard(s):

- | | | Utförare | Brandvakt |
|---|--|--------------------------|--------------------------|
| 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)

BFA Checklista 2020-1

