ICC SYDNEY

WELDING AND HOT WORK PERMIT FORM

Please complete this form and return **no later than 14 days prior** to the hiring period of the event to:

Exhibitor Services, International Convention Centre Sydney (ICC Sydney)
Phone: +61 2 9215 7373 **Email:** exhibitionservices@iccsydney.com **Email:** cutawayexhibitionservices@iccsydney.com

CONTACT DETAILS

Name:		**Company:**	
Phone:		**Email:**	
Name of event:		**Event dates:**	
Select the venue:	☐ **ICC Sydney** ☐ **The Cutaway**	**Stand name:**	**Stand no:**
Area within the venue activity will occur:			

PURPOSE

Describe the scope of work taking place.	
Where is the exact location of work?	
Who is responsible for carrying out the work?	
Specify the exact dates and times of the work.	

MANDATORY REQUIREMENTS

Please tick the box to indicate that you have read and understood.

- ☐ It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that Workplace Health and Safety (WHS) legislation and safe work practices are followed to ensure, as far as reasonably practicable, the health and safety of all persons that may be affected by the activity.
- ☐ An exclusion zone must be set up with sufficient barricading to prevent unauthorised access to the work area. Appropriate warning signage must be displayed to identify hazards and/or safety requirements.
- ☐ All flammable materials must be removed from the work area or made safe.
- ☐ Appropriate fire fighting equipment and a flame arrester must be at the work site during the activity.
- ☐ The work area must be well ventilated and free from potentially flammable atmosphere e.g. flammable vapour, gas or dust.
- ☐ Personal protective equipment (PPE) relevant to the work must be worn by the operator(s) and other person(s) if required during activity.
- ☐ Heated debris from work must be disposed of appropriately to prevent fire damage or injury.
- ☐ If relevant to the hot work, effective control measures such as welding/flash screens must be put in place by the operator to ensure that no person (operator/other worker) has an unprotected direct line of vision to the hot work where eye damage is a risk. This includes persons who may have a line of sight from above.
- ☐ The worker is to remain present in the work area for at least 30 minutes after work completion to check for possible fire.
- ☐ If the work will produce smoke the smoke detectors in the area may require to be isolated and a fire safety warden positioned.
- ☐ If a fire occurs, contact Security immediately on 02 9215 7660
- ☐ Only suitable trained/qualified persons may conduct any welding or hot works.
- ☐ **Additional Requirements:** Safe Work Method Statement submitted as an attachment with permit

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PERMIT AGREEMENT (to be completed by person responsible for the work to be performed)

This activity has not been authorised to occur at ICC Sydney venues until written confirmation is provided by ICC Sydney, and in such circumstance, ICC Sydney makes no representation, warranty or guarantee about the safety or legality of the activity or the completeness or accuracy of the information provided within this form, which is at all times the sole responsibility of the person listed in the Contact Details.

ICC Sydney undertakes regular compliance checks and you may be required to provide evidence in relation to those requirements. If at any time, an activity or operation is considered by ICC Sydney to be non-compliant with any legal or regulatory obligation, inconsistent with the information provided on this form, unsafe or placing persons, the venue or the environment at risk, ICC Sydney representatives reserve the right to postpone or cancel the activity in its sole discretion until it is completely satisfied that its concerns are addressed and any issues are rectified.

Any confirmation by ICC Sydney for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity.

Signed: _____ **Date:** _____

ICC SYDNEY USE ONLY

ICC SYDNEY RISK & COMPLIANCE

Permit issued by:

Comments:

Signed: _____ **Date/time:** _____