**ASSOCIATED BRITISH PORTS, Southampton**

**Hot Work Request** Request No:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Berth No / Anchorage | | |  | | | | | Vessel | |  | | | |
| Agent / Owner | |  | | | | | | Master | |  | | | |
| Address |  | | | | | |  | |  | | | | |
| Tel No |  | | | | Facsimile | |  | | | | to which form is to be returned | | |
| Name of Contractor who will carry out Hot Work | | | | | |  | | | | | | | |
| Description of Work to be carried out | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | Date |  |

**General Conditions and Precautions to be Observed**

(Tick or delete as appropriate)

1. Area clear of dangerous material and Gas free (Certificate issued)
2. Adequate ventilation
3. All Hot Work equipment in good order
4. Suitable fire fighting appliances readily available at the working area
5. Supervision being exercised by competent and responsible person
6. When will Hot Works commence? Date: Time:
7. When will Hot Works Cease? Date Time:
8. Special conditions and precautions being taken

**Certificate of Checks**

I am satisfied that all precautions have been taken and that safety arrangements will be maintained for the duration of work.

Name of authorised person in charge

Signed by Master/Manager in charge (on land)

Forward to: Harbour Master, Associated British Ports, VTS Centre, Ocean Gate, Atlantic Way,  Southampton, SO14 3QN or [southamptonvts@abports.co.uk](mailto:southamptonvts@abports.co.uk)

**Telephone**: 023 8048 8800  (AHM VTS 24 hours)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permission Granted | | | |  | | |  | Permission Refused | | | |  | | |
|  | | | | (ABP Authorised Person) | | | |  | | (ABP Authorised Person) | | | | |
| Date | |  | | Time |  |  | | Date |  |  | Time | | |  |
|  | |  | |  |  |  | |  |  |  | | |  |  |
| Reason for refusal | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

For Internal Use:: Date/Time request received

**Note**: In the event that permission is not granted Owner/Agent/Master must be advised ASAP and this request endorsed ‘Permission Refused’ giving reasons for refusal.