

HOT WORK PERMIT

**BEFORE INITIATING HOT WORK, ENSURE PRECAUTIONS ARE IN PLACE!
MAKE SURE APPROPRIATE FIRE EXTINGUISHERS ARE READILY AVAILABLE!**

INSTRUCTIONS: 1. Complete info on left side. 2. Verify precautions on right side (or do not proceed)				Required Precautions Checklist:			
DATE:				CHECKLIST ITEMS		YES	NA
LOCATION/BUILD-ING FLOOR:				GENERAL			
DESCRIPTION OF WORK:				1. Available sprinklers, hose streams and extinguishers are in service / operable.		<input type="checkbox"/>	<input type="checkbox"/>
PERSON PERFORMING HOT WORK:				2. Hot work equipment is in good repair. 3. Gas cylinders secured. 4. Warning signs posted.		<input type="checkbox"/>	<input type="checkbox"/>
I verify the above location has been examined and the precautions checked on the Required Precautions Checklist have been or will be taken prior to start of hot work.				REQUIREMENTS WITHIN 35 FEET OF WORK			
Signature: _____ <div style="text-align: right; font-size: small;">(Employee requesting permit)</div>				1. Flammable liquids, dust, lint and oil deposits removed.		<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____				2. Explosive atmosphere in area eliminated.		<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed this permit and the information noted and approve the work to be completed as outlined above.				REQUIREMENTS FOR ELEVATED WORK			
Signature: _____ <div style="text-align: right; font-size: small;">(Supervisor/Manager)</div>				1. Fire resistant tarpaulins suspended between work and combustibles.		<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____				2. Fall protection required above 4 feet.		<input type="checkbox"/>	<input type="checkbox"/>
PERMIT PERIOD				WORK ON WALLS OR CEILING			
<input type="checkbox"/> One Time Permit				1. Construction is non-combustible and without combustible insulation.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blanket Permit (not to exceed 14 consecutive days)				2. Combustibles moved away from opposite side.		<input type="checkbox"/>	<input type="checkbox"/>
BEGINS:		TIME:	AM <input type="checkbox"/>	WORK ON ENCLOSED EQUIPMENT			
EXPIRES:		TIME:	PM <input type="checkbox"/>	1. Enclosed equipment cleaned of all combustibles.		<input type="checkbox"/>	<input type="checkbox"/>
Special Notes/Comments:				2. Containers purged of all flammable liquids/vapors (verified by gas detection equipment).		<input type="checkbox"/>	<input type="checkbox"/>
				3. Pipelines disconnected/blanked.		<input type="checkbox"/>	<input type="checkbox"/>
				FIRE WATCH/HOT WORK AREA MONITORING			
				1. Fire watch will be provided during and 30 minutes after work including breaks.		<input type="checkbox"/>	<input type="checkbox"/>
				2. Fire watch is supplied with suitable extinguishers or hose.		<input type="checkbox"/>	<input type="checkbox"/>
				3. Fire watch is trained in use of fire extinguishers.		<input type="checkbox"/>	<input type="checkbox"/>
				4. Fire watch is trained in site Emergency Procedures including sounding alarms		<input type="checkbox"/>	<input type="checkbox"/>
				5. Fire watch is required for adjoining areas above and below wall or floor opening or ducts.		<input type="checkbox"/>	<input type="checkbox"/>
				6. Hot work area will be monitored for 30 minutes after job is complete.		<input type="checkbox"/>	<input type="checkbox"/>
				OTHER			
				1. Lockout/Tagout Required.		<input type="checkbox"/>	<input type="checkbox"/>
				2. Area Protected with smoke or heat detection.		<input type="checkbox"/>	<input type="checkbox"/>
				3. Ample ventilation to remove smoke/vapor from work area		<input type="checkbox"/>	<input type="checkbox"/>
A ONE TIME PERMIT IS GOOD FOR ONLY ONE JOB!				PERSONAL PROTECTIVE EQUIPMENT			
				1. Flame Resistant Jacket/Pants		<input type="checkbox"/>	<input type="checkbox"/>
				2. Face Shield		<input type="checkbox"/>	<input type="checkbox"/>
				3. Thermal Gloves		<input type="checkbox"/>	<input type="checkbox"/>
				4. Welding Helmet/Shield		<input type="checkbox"/>	<input type="checkbox"/>
				5. Welding Goggles		<input type="checkbox"/>	<input type="checkbox"/>
RETAIN COPY FOR 2 YEARS							

