



# Hot Works Permit

|   |  |                          |  |   |  |
|---|--|--------------------------|--|---|--|
| <b>Permit #:</b>  |  | <b>Permit Expires:</b>   |  | <b>Date/Time Job Began:</b>               |  |
| <b>Job #:</b>   |  |                          | <b>Department:</b>                                     |   |  |
| <b>Employee Completing Job:</b>                                       |  |                          | <b>Supervisor:</b>                                     |   |  |
| <b>Fire Watch Inspector:</b>  |  |                          | <b>Hot Works Coordinator:</b>                          |   |  |
| <b>Location of work to be complete:</b><br>-----<br>-----<br>-----    |  |                          |  |   |  |
| <b>Description of work to be complete:</b><br>-----<br>-----<br>----- |  |                          |  |   |  |
| <b>Equipment Required</b>   |  |                          |  | <b>Additional Comments</b>                |  |
| <input type="checkbox"/>  | Fire Extinguisher  | <input type="checkbox"/> | Gas Meter  | -----<br>-----<br>-----<br>-----<br>----- |  |
| <input type="checkbox"/>  | Hand Hose  | <input type="checkbox"/> | Safety Goggles   |   |  |
| <input type="checkbox"/>  | SCBA   | <input type="checkbox"/> | Faceshield   |   |  |
| <input type="checkbox"/>  | ABA  | <input type="checkbox"/> | Welding Hood   |   |  |
| <input type="checkbox"/>  | Coveralls  | <input type="checkbox"/> | Welding Jacket   |   |  |
| <b>Safety Precautions</b>   |  |                          |  |   |  |
| <input type="checkbox"/>  | Job can be completed in maintenance shop   | <input type="checkbox"/> | Floor/wall openings within 35' are tightly covered     |   |  |
| <input type="checkbox"/>  | Job can be completed mechanically  | <input type="checkbox"/> | Surrounding floors swept clean/wet down                |   |  |
| <input type="checkbox"/>  | Flame/spark-producing equipment inspected  | <input type="checkbox"/> | (if needed)<br>PPE worn as required                    |   |  |
| <input type="checkbox"/>  | Sprinklers operable & will remain in service   | <input type="checkbox"/> | Fire watch assigned at least 1/2 hour after completion |   |  |
| <input type="checkbox"/>  | Work confined to area specified in permit  | <input type="checkbox"/> | Fire extinguishers recharged after completion          |   |  |
| <b>Combustables</b>   |  |                          |  |   |  |
| <input type="checkbox"/>  | There are no cumbustable fibers, dusts, vapors, gases, or liquids in the area.   |                          |  |   |  |
| <input type="checkbox"/>  | A combustable gas detection instrument was used to verify the absence of gases or vapors.                                  |                          |  |   |  |
| <input type="checkbox"/>  | Combustables relocated 35 feet from operation and protected with noncombustable shields or flame-proofed curtains/ covers. |                          |  |   |  |
| <input type="checkbox"/>  | Continuous monitoring if surrounding pipes, equipment, and tanks which may leak during job.                                |                          |  |   |  |
| <b>Signature of Hot Works Coordinator</b><br><br><br>                 |  |                          |  |   |  |
| <b>Signature of Fire Watch Inspector</b><br><br><br>                  |  |                          |  |   |  |