

Hot Work Permit

Date: _____ Time: _____

This Hot Work Permit is required for any temporary operation involving open flames or producing heat or sparks.; this includes but is not limited to: grinding, soldering, cutting, welding, brazing, burning, or heat applied roofing.

Company: _____
Location: _____ Column No: _____
Work Type(s): Welding: _____ Torch Work: _____ Grinding: _____ Other: _____
Work Description: (Be Specific) _____

Schedule: **Permit for this date only**
Date: _____
Start Time: _____ Finish Time: _____
Contractor (Company Name): _____

No. of Fire Watch Required? _____ Continue fire watch after daily finish time(at least 60 minutes).
Fire protection countermeasures taken, check all that apply. _____ Wet down Area prior to start
_____ Fire hose / Garden hose _____ Water/Dry chemical / CO2 Extinguisher _____ Use fire blankets
_____ 10 lb. ABC Fire Extinguisher _____ Roof Watch _____ Air Monitoring (LEL/O2/Other _____)
Special Precautions: _____

SDS Attached YES _____ NO _____

Hot Work Checklist

Permits not valid until this checklist is complete.

Pre-Use Checklist

- | | |
|--|--|
| 1. Special Precautions listed above are being observed. | |
| 2. Flame or spark producing equipment to be used has current inspection tag and is in good repair. | |
| 3. All combustible, within 35 feet, are removed and the remainder protected with metal guards, flame proof curtains, covers or fire blankets | |
| 4. Proper Fire Extinguishers or other required fire fighting equipment is readily available. | |
| 5. Ventilation duct openings are protected from ignition sources. | |
| 6. Lock / Tag / Try all energy sources that apply | |
- List A _____
B _____
C _____
7. Barricade affected area - number of feet required _____
8. Drain, flush, or purge required _____
9. PPE required _____
10. Final Line Walkdown by contractor Supervisor. Signature/time/date: _____

11. Downgrade PPE after Hot Work- as conditions allowed

Post-Use Checklist

- | | |
|--|--|
| Date: _____ | |
| 1. Area is clean and restored to proper set-up..... | |
| 2. All Ignition sources are cooled..... | |
| 3. All Safety equipment returned to proper location..... | |

Contractor Supervisor Area Supt Safety

Crew Signatures: _____

_____ Facilities
_____ Department Rep.

How to Report a Fire / Emergency

1. Sound alarm (air horn or whistle)
2. Then contact nearest employee with radio or cell phone
3. Alert:
4. Alert:
5. Alert