



HOT WORK PERMIT

The Permit is in effect for 1 work shift only

Date: _____ Time: _____ Dept: _____

Description of work: _____

Location: _____

Safeguarding : Check all boxes. Hot work cannot commence if all safeguarding is not satisfied.

General:

Sprinklers in service Yes N/A Cutting and welding equipment in good repair Yes N/A

Area within 35 feet of Hot work: No combustibile / flammable not in area Yes N/A

Floors free of combustibles/wetted, covered with damp sand, metal or other shields Yes N/A

Combustibile / flammable tanks protected with covers, guards or metal shields Yes N/A

Wall / floor openings covered Yes N/A

Covers suspended beneath work to collect sparks Yes N/A

Work on walls and ceilings:

Construction noncombustibile and without combustibile covering Yes N/A

Combustibles moved away from opposite side of wall Yes N/A

Work on enclosed equipment: (tanks, containers, ducts, dust collectors etc.):

Equipment cleaned of all combustibles / flammables Yes N/A

Containers/tanks purged of flammable vapors. (Inerted) Yes N/A

Tank tested for flammables / oxygen (contact employee safety/loss control. Yes N/A

Fire Watch: Provided during and 30 minutes after operation Yes N/A

Properly equipped and trained (Fire Extinguishers, communication equip. etc.) Yes N/A

Verification of safe condition conducted 30 minutes after completion of any hot work including inspection of adjacent work areas including floor above and below walls, etc. Yes N/A

The location where Hot Work is to be conducted has been evaluated and all necessary precautions implemented.

Supervisor: _____
(Print Name) (Signature)

Employee (s) Conducting Hot Work: _____
(Print Name) (Signature)