# Hot Work Permit

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | ...../...../..... | **Full Name of Person Carrying Out Work:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| ***Responsible Officer:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Fire Watch:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section A: To be completed prior to work** |
| **WORK TO BE DONE (Description & Location)** | **TIME OF ISSUE** | **TIME OF EXPIRY** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  : am/pm |  : am/pm |
| **PRECAUTIONS** | **CHECKLIST** | **IF “NO” DESCRIBE** |
| ***Fire Protection*** |  |
| 1. Sprinklers in service (If installed)
 | * Yes
 | * No
 |
| 1. Detection systems isolated and impairment form completed
 | * Yes
 | * No
 |
| 1. Portable extinguishers and fire hose reels available
 | * Yes
 | * No
 |
| ***Area Preparation*** |  |
| 1. Floors swept clean of combustibles
 | * Yes
 | * No
 |  |
| 1. Combustible floors wet down, covered with damp sand, metal or other shields
 | * Yes
 | * No
 |
| 1. All combustible material or flammable liquids removed from the area
 | * Yes
 | * No
 |
| 1. All wall and floor openings /penetrations appropriately sealed
 | * Yes
 | * No
 |
| 1. Is surrounding construction non-combustible and without combustible coverings
 | * Yes
 | * No
 |
| 1. Covers suspended around work to collect sparks
 | * Yes
 | * No
 |
| 1. If working on enclosed equipment (tanks, containers, ducts, dust collectors, etc) has enclosed space precautions been taken
 | * Yes
 | * No
 |
| ***Fire Watch*** |  |
| 1. To be provided during and 60 minutes after work
 | * Yes
 | * No
 |  |
| 1. Trained in the use of fire equipment and in sounding the fire alarm
 | * Yes
 | * No
 |
| **Section B: To be completed after work** |
| **FINAL CHECK-UP** | **CHECKLIST** | **TIME WORK COMPLETED** |
| Work area and all adjacent areas where sparks might have spread were inspected for at least 60 minutes after the work was completed and no fire conditions were noted. | * Yes
 | * No
 | : am/pm |
| ***Signature of Operator:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Signature of Fire Watch:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Signature of Responsible Office (If satisfied):*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |