# Hot Work Permit

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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):*** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |