



Hot work permit form

Hot Work Permit No.

Section I: Keep this section in logbook

Date Work Being Done: _____ Time Work Being Done: _____

Location (Building Name/Number or Area): _____

Description of Work to Be Done: _____

Unusual Conditions:

 Confined Space Close Quarters Potentially Hazardous Environment

Work to Be Done by:

 Employee: _____ (Welder/Cutter's Name) Contractor: _____ (Welder/Cutter's Name)

Pre-Hot Work Checklist

- | | |
|---|--|
| <input type="checkbox"/> Inspect area for combustibles and potential hazards | <input type="checkbox"/> Clean all tanks, ducts and dust collectors — of combustible materials |
| <input type="checkbox"/> Sweep and clean all floor areas and machinery within 30' | <input type="checkbox"/> Purge all containers of vapor residues |
| <input type="checkbox"/> Remove all combustible or flammable liquids within 30' | <input type="checkbox"/> Arrange fire watch |
| <input type="checkbox"/> Wet down 35' area or cover with damp sand, metal or other shield | <input type="checkbox"/> Arrange protection (weld curtains/fire extinguishers/hoses) |
| <input type="checkbox"/> Protect all hydraulic lines with covers, guards or metal shields | <input type="checkbox"/> Inspect cutting/welding equipment |
| <input type="checkbox"/> Cover all wall and floor openings with non-combustible covers | |

 Date issued

 Approved by (Person Authorized to Approve Hot Work)

Section II

Today's Date (Permit valid for this date only) _____ Time Work Started: _____ Time Work Completed: _____

During Hot Work Checklist

- | | |
|---|--|
| <input type="checkbox"/> Automatic fire protection in service | <input type="checkbox"/> All wall and floor openings covered |
| <input type="checkbox"/> Portable protection (fire extinguishers/hoses) on hand | <input type="checkbox"/> Record time work started |
| <input type="checkbox"/> Fire watch present (including during breaks and halts) | <input type="checkbox"/> Record time work completed |
| <input type="checkbox"/> Combustibles within 30' removed or covered | |

Post-Hot Work Checklist

- | | |
|--|---|
| <input type="checkbox"/> Remove covers used | <input type="checkbox"/> Fire watch remains on hand for 2 hours after work is completed |
| <input type="checkbox"/> Wet down 35' area a second time | <input type="checkbox"/> Inspect work area final time |

Welder/Cutter verifies he/she has checked every item on the During Hot Work and Post-Hot Work Checklists, indicating all necessary precautions have been taken.

_____ (Welder/Cutter's Signature) _____ (Welder/Cutter's Name)