Hot Work Permit

This Hot Work Permit is required to be completed before any work involving welding, cutting, brazing, open-flame, or spark producing work occurs outside of a Designated Hot Work Area. This permit is valid for one shift only.

Date: _____ **Time:** _____ **Company:** _____

Location: _____ **Job Task:** _____

Personnel Performing Hot Work:

_____

_____

Task-Specific PPE (not general):

_____

Hot Work Checklist

Work Area Evaluation (Required)

☐ Sprinklers, hoses, or extinguishers are available and operable.
☐ Hot work equipment is in good working condition in accordance with manufacturer's specs.
☐ Proper ventilation maintained in work area.

Requirements within 35 ft of hot work (Required)

☐ Flammable liquids, dust, lint, and oily deposits removed.
☐ Floors swept and clean.
☐ Combustible floors wet down, covered with damp sand or fire resistive sheets.
☐ Remove other combustibles where possible, otherwise, protect with fire-resistant shielding.
☐ All wall and floor openings covered.
☐ Fire resistant blankets suspended beneath work.
☐ Proper PPE.
☐ Proper hot work equipment in use.

Requirements for hot work fire watch/monitoring (Required)

☐ Fire watch is provided during and for a minimum of 30 min. after hot work or longer as necessary.
☐ Fire watch is provided with suitable extinguishers.

☐ Fire watch is trained in use of equipment and in sounding alarm.
☐ Fire watch required in adjoining areas, above and below.

Work on walls, ceilings, or roofs

☐ N/A
☐ Construction is noncombustible & without combustible coverings/insulation.
☐ Combustible material on other side of walls, ceilings or roofs moved away.

Requirements for hot work on enclosed equipment

☐ N/A
☐ Enclosed equipment is cleaned of combustibles.
☐ Container are purged of flammable liquid/vapor.
☐ Pressurized vessels, piping, equipment removed from service, isolated, and vented.

Fire Watch Name	Time On	Time Off	Time On	Time Off

Atmospheric Testing

Completed before work begins during confined/enclosed space work or when there is reasonable concern.

Monitoring Equipment: (Make/Model) _____

Test Time	Eq. Serial Number	Function Test Date	Calibration Test Date	LEL %	Oxygen %	Signature Verifying Readings

I have evaluated the work area, understood the requirements of the permit and associated JSA, & authorize work to be performed.

Supervisor Signature:

Print Name: _____ Signature: _____ Date: _____

Permit Authorizer Signature (Ampirical):

Print Name: _____ Signature: _____ Date: _____