

HOT WORK PERMIT FOR CUTTING AND WELDING WITH PORTABLE GAS OR ARC EQUIPMENT

SECTION 1

Hot Work Location:	AUTHORIZATION
Date Issued:	The location where Hot Work is to be performed has been examined, necessary fire prevention precautions have been taken, and permission is authorized for this Hot Work to proceed.
Permit Expires:	
	Signature:
	Title:

Work to be Done:
Type of Work: <input type="checkbox"/> Cutting <input type="checkbox"/> Welding <input type="checkbox"/> Retrofit <input type="checkbox"/> New
Work Performed By: <input type="checkbox"/> In House Staff <input type="checkbox"/> Outside Contractor(s)
Cutter/Welder Name:

Is work to be done on piping containing flammable or hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is fire watch required? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of person conducting the fire watch: _____
Is there overhead work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there relocation of combustible materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is protective covering used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there equipment to convey sparks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of fire extinguisher required. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> ABC <input type="checkbox"/> Other: _____
Was any training required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of training? _____
Describe any precautions required with combustible materials in the following areas:
<input type="checkbox"/> Floors _____
<input type="checkbox"/> Walls _____
<input type="checkbox"/> Ceilings _____
<input type="checkbox"/> Roof _____
<input type="checkbox"/> Atmosphere _____

