

Hot Work Authorization Form for Confined Spaces

Date

YYYY-MM-DD

Authorization Number

e.g. HW-XXXX

Location

Confined Space Location

Person Performing Hot Work

Name

Supervisor/Permit Issuer

Name

Description of Hot Work

Describe the work to be performed, including tools and materials

Confined Space Details

Size, entry/exit points, hazards, etc.

Pre-Hot Work Checklist

☐

Atmosphere tested (ppm/O₂)

☐

Ventilation in place and working

☐

Fire Extinguishers available and inspected

☐

Ignition sources removed or controlled

☐

Equipment isolated (locked/tagged out)

☐

Appropriate PPE worn

☐

Standby attendant assigned

☐

Rescue equipment available

☐

Permit displayed at entry location

Atmospheric Monitoring Log

Time	O ₂ (%)	LEL (%)	CO (ppm)	H ₂ S (ppm)	Tester Initials

Authorization

Permit Issuer Signature

Date/Time

Person Performing Hot Work

Date/Time

Completion & Clearance

Hot Work Completed At:

Date/Time

Remarks / Additional Comments

Permit Issuer Clearance Signature

Date/Time