

# 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/O<sub>2</sub>)

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 <sub>2</sub> (%)	LEL (%)	CO (ppm)	H <sub>2</sub> S (ppm)	Tester Initials

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### Authorization

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Permit Issuer Signature

Date/Time

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Person Performing Hot Work

Date/Time

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### Completion & Clearance

Hot Work Completed At:

Date/Time

Remarks / Additional Comments

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Permit Issuer Clearance Signature

Date/Time