

Hot Work Permit

Project/Site Location: _____

Date: _____

Permit No: _____

Hot Work Details

Type of Work: _____

Exact Location: _____

Person(s) Performing Work: _____

Supervisor: _____

Work Start Time: _____ End Time: _____

Fire Safety Checklist

<input type="checkbox"/> Equipment inspected and in good condition	<input type="checkbox"/> Flammable materials removed or protected
<input type="checkbox"/> Fire extinguishers available	<input type="checkbox"/> Fire watch assigned
<input type="checkbox"/> Hot work area isolated	<input type="checkbox"/> Alarms disabled (if necessary)
<input type="checkbox"/> Floor/walls covered as needed	<input type="checkbox"/> Ventilation adequate
<input type="checkbox"/> No explosive atmosphere present	<input type="checkbox"/> Area inspected after work

Authorization

Permit Authorized By: _____

Signature & Date

Fire Watch

Fire Watch Name: _____

Duration: _____

Signature & Date

Final Check (Post-Work)

Area checked and found safe: Yes No

Checked By: _____

Signature & Date