

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