

HOT WORK PERMIT

Date _____ W.O.# _____

Work Location(s) & Description: _____
_____Employee(s) Performing Job: _____

Fire Guard Duty Schedule: _____ to _____

OPERATIONAL REQUIREMENTS (Check all areas that apply. This section must be completed prior to approving this permit.)

	YES	NO
1. Fire Watch (during activity & 30 minutes after)	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire Extinguisher(s) (Type 10 ABC)	<input type="checkbox"/>	<input type="checkbox"/>
3. Area clear of combustibles (35 ft radius)	<input type="checkbox"/>	<input type="checkbox"/>
4. Area clear of Flammable Vapors	<input type="checkbox"/>	<input type="checkbox"/>
5. General/Local Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
6. Respiratory Protection Type: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Confined Space Permit	<input type="checkbox"/>	<input type="checkbox"/>
8. Process Safety Management Area	<input type="checkbox"/>	<input type="checkbox"/>
9. Air Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
10. Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
11. Pressurized Cylinders	<input type="checkbox"/>	<input type="checkbox"/>
12. Additional Comments/Instructions _____		

Fire watch (name/emp#) _____ Signature _____

Job Supervisors Approval _____

Date _____ Time _____

This form must be completed for all welding/cutting operations, which will be performed in non-designated welding areas. Upon job completion, this form shall be maintained in the field administrative office.

