

# HOT WORK PERMIT FOR CUTTING AND WELDING WITH PORTABLE GAS OR ARC EQUIPMENT

## SECTION 1

Hot Work Location:	<b>AUTHORIZATION</b>
<b>Date Issued:</b>	The location where Hot Work is to be performed has been examined, necessary fire prevention precautions have been taken, and permission is authorized for this Hot Work to proceed.
<b>Permit Expires:</b>	
	<b>Signature:</b>
	Title:

Work to be Done:
Type of Work: <input type="checkbox"/> Cutting <input type="checkbox"/> Welding <input type="checkbox"/> Retrofit <input type="checkbox"/> New
Work Performed By: <input type="checkbox"/> In House Staff <input type="checkbox"/> Outside Contractor(s)
Cutter/Welder Name:

Is work to be done on piping containing flammable or hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is fire watch required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Name of person conducting the fire watch: _____
Is there overhead work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there relocation of combustible materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is protective covering used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there equipment to convey sparks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of fire extinguisher required. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> ABC <input type="checkbox"/> Other: _____
Was any training required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of training? _____
Describe any precautions required with combustible materials in the following areas:
<input type="checkbox"/> Floors _____
<input type="checkbox"/> Walls _____
<input type="checkbox"/> Ceilings _____
<input type="checkbox"/> Roof _____
<input type="checkbox"/> Atmosphere _____

