

| Hot Work Permit | | |
|--|--|-------------|
| Date Issued: | | |
| Issued By: | | |
| Location of Hot Work | | |
| Type of Hot Work | <input type="checkbox"/> Welding <input type="checkbox"/> Cutting <input type="checkbox"/> Grinding <input type="checkbox"/> Other | |
| EXPIRES | Time: _____ | Date: _____ |
| Job Description | | |
| Safety Requirements - required to be established & maintained | | |
| The person issuing this permit has required the following safety precautions and indicated by his initials that the following circled items have been established prior to issuing this permit | Initials of Issuing Authority | |
| No flammables/combustibles within 50 feet | | |
| Fully Charged Extinguisher at work area | | |
| Fire Watch(es) briefed & stationed | | |
| Adequate ventilation established | | |
| Welding curtains or shields | | |
| Respirators used | | |
| Hot Work Personal Protective Equipment | | |
| Warning signs posted | | |
| Welding / cutting equipment inspected | | |
| Certified Welder | | |
| Surrounding equipment is Locked Out / Tagged Out | | |
| No flammable / combustible gasses in area | | |
| Confined Space Entry Permit Issued | | |
| Access to work area controlled | | |
| | | |
| Task Started | Time _____ | Date _____ |
| Task Completed | Time _____ | Date _____ |
| Fire Watch Secured | Time _____ | Date _____ |
| Permit Ended | Time _____ | Date _____ |
| Return Completed Permit to: | | |