|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HOT WORK PERMIT** | | | | | | | | | | |
| **Date:** |  | | **Company** |  | | | | | | |
| **Name of Person Carrying Out Work** | |  | | | | | **Signature:** | |  | |
| **Responsible Officer:** | |  | | | | | **Fire Watch:** | |  | |
| **Section A: To be completed prior to work** | | | | | | | | | | |
| **WORK TO BE DONE (Description & Location)** | | | | | **TIME OF ISSUE** | | | | | **TIME OF EXPIRY** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | : am/pm | | | | | : am/pm |
| **PRECAUTIONS** | | | | | **CHECKLIST** | | | | | **IF “NO” DESCRIBE** |
| ***Fire Protection*** | | | | | | | | | |  |
| 1. Sprinklers in service (If installed) | | | | | * Yes | | | * No | |
| 1. Detection systems isolated and impairment form completed | | | | | * Yes | | | * No | |
| 1. Portable extinguishers and fire hose reels available | | | | | * Yes | | | * No | |
| ***Area Preparation*** | | | | | | | | | |  |
| 1. Floors swept clean of combustibles | | | | | * Yes | | | * No | |  |
| 1. Combustible floors wet down, covered with damp sand, metal or other shields | | | | | * Yes | | | * No | |
| 1. All combustible material or flammable liquids removed from the area | | | | | * Yes | | | * No | |
| 1. All wall and floor openings /penetrations appropriately sealed | | | | | * Yes | | | * No | |
| 1. Is surrounding construction non-combustible and without combustible coverings | | | | | * Yes | | | * No | |
| 1. Covers suspended around work to collect sparks | | | | | * Yes | | | * No | |
| 1. If working on enclosed equipment (tanks, containers, ducts, dust collectors, etc) has enclosed space precautions been taken | | | | | * Yes | | | * No | |
| ***Fire Watch*** | | | | | | | | | |  |
| 1. To be provided during and 60 minutes after work | | | | | * Yes | | | * No | |  |
| 1. Trained in the use of fire equipment and in sounding the fire alarm | | | | | * Yes | | | * No | |
| **Section B: To be completed after work** | | | | | | | | | | |
| **FINAL CHECK-UP** | | | | | **CHECKLIST** | | | | | **WORK COMPLETED** |
| Work area and all adjacent areas where sparks might have spread were inspected for at least 60 minutes after the work was completed and no fire conditions were noted. | | | | | * Yes | | | * No | | : am/pm |
| ***Signature of Operator:*** | | | | | |  | | | | |
| ***Signature of Fire Watch:*** | | | | | |  | | | | |
| ***Signature of Responsible Office (If satisfied):*** | | | | | |  | | | | |