

EHS-065

Appendix 1: Hot Work Permit Form

JOB DETAILS:

Type of Hot Work to be Performed:	Welding <input type="checkbox"/>	Cutting <input type="checkbox"/>	Grinding <input type="checkbox"/>	Other <input type="checkbox"/> _____
Location:				
Purpose for Conducting Hot Work:				

PERSONS INVOLVED:

	Print Name	Title	Signature	Time	Date
Person Carrying Out Hot Work:					
Fire Watch Representative:					
Job Supervisor Issuing Permit:					
EHS Representative:					

THIS PERMIT IS VALID:

DATE: _____	FROM: _____	AM / PM	TO: _____	AM / PM
This permit is valid only for the duration of the workday and should NOT exceed one (1) shift.				

SAFETY PRECAUTIONS:

	Yes	No	N/A		Yes	No	N/A
Area cleared of combustible materials				Area to be wet down / blanketed			
Wall and floor opening protected				Adjacent areas protected			
Services locked out				Flammable liquids removed			
Location of fire fighting equipment confirmed				Remove combustibles from other side of wall			
List PPE required:				Other			
If No, Why:							

Area can return to normal operating conditions upon closure of this section Major Operation Minor Operation

	Print Name	Title	Signature	Time	Date
Person Who Performed Hot Work:					
30/60 Minute Check Job Supervisor:					
EHS Representative:					