
HOT WORK PERMIT

Date _____

W.O.# _____

Employee Performing Job _____

Estimated dates and times of Welding / Cutting: _____ to _____

Work Location(s) & object(s) _____

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 post) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Fire Extinguisher(s) Type 10 ABC | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. General Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Local Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Respiratory Protection Type: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Confined Space Permit | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Process Safety Management Area | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. IH Air Monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pressurized Cylinders | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Additional Comments/Instructions | | |

Firewatch (name) _____ Signature _____

Job Supervisor / Senior Approval _____ Date _____ Time _____

This form must be completed for all welding/cutting operations which will be performed in High Risk areas. Upon job completion, this form shall be maintained in the Immediate Supervisors office.