

HOT WORK PERMIT

PERMIT ISSUED TO:

Contractor

Job Description:

Date:

Time Issued:

Expiration Time:

Department or Company:

| CHECKED PRECAUTIONS SHALL BE OBSERVED | PROTECTIVE EQUIPMENT REQUIRED |
|--|---|
| <input type="checkbox"/> Gas test ____% LEL <input type="checkbox"/> O ₂ ____% <input type="checkbox"/> Drains Covered <input type="checkbox"/> Plugged <input type="checkbox"/> Tag & Disconnect electrical equipment <input type="checkbox"/> Lockout <input type="checkbox"/> Fire Extinguisher at site <input type="checkbox"/> Lines blinded <input type="checkbox"/> Lines disconnected <input type="checkbox"/> Charged fire hose <input type="checkbox"/> Fire watch <input type="checkbox"/> Valves closed, tagged, and locked with Personal lock <input type="checkbox"/> Contain sparks <input type="checkbox"/> Temperature Controlled <input type="checkbox"/> Bleeders open <input type="checkbox"/> Shield arc <input type="checkbox"/> Grounded air mover operating <input type="checkbox"/> Grounded welding machine to piece being welded at proper location <input type="checkbox"/> Safety lookout/firewatch <input type="checkbox"/> Line standing full ____ PSI <input type="checkbox"/> Flowing <input type="checkbox"/> Barricade area <input type="checkbox"/> Cold cut, plug, and vent <input type="checkbox"/> Stop work and shut down motor equipment if leak occurs <input type="checkbox"/> Keep area free of combustibles <input type="checkbox"/> Do not leave motor running unattended <input type="checkbox"/> No sampling, venting, or draining <input type="checkbox"/> Shut down engines to refuel <input type="checkbox"/> Smoke in designated area only | <input type="checkbox"/> Wear goggles-face shield <input type="checkbox"/> Wear gloves-rubber/thermal <input type="checkbox"/> Wear hood-acid/thermal <input type="checkbox"/> Wear suit-rubber/thermal <input type="checkbox"/> Wear rubber boots <input type="checkbox"/> Wear safety belt and line <input type="checkbox"/> Wear respirator-air purifying <input type="checkbox"/> Wear SCBA <input type="checkbox"/> Stand by with SCBA <input type="checkbox"/> Wear hearing protection |

Other Precautions:

Foreman, craftsman, or supervisor must indicate equipment condition to shift supervisor when job is complete.

Job Completed _____ Job incomplete _____

TO BE KEPT ON THE JOB UNTIL WORK IS COMPLETED, PERMIT EXPIRES, OR PERMIT IS REVOKED.