This Hot Work Permit is required for any temporary operations involving open flames or producing heat and/or sparks. This includes, but is not limited to: brazing, cutting, grinding, soldering and welding. This permit does not apply to designated hot work areas such as a welding bay/shop.

Hot work performed by: ☐ Employee	☐ Contractor	☐ Other 3rd Party
Name:	Company:	Signature:
Date:	Work Order:	Location of hot work:

HAVE THE FOLLOWING ISSUES BEEN ADRESSED	**YES**	**NO**	**N/A**
1. Is the area clear of hazards? (I.e. housekeeping)	☐	☐	☐
2. Have flammables/combustibles been removed (at least 35 ft/10.6 m) from the area or protected?	☐	☐	☐
3. Is there adequate ventilation in place? If applicable, have any potential explosive atmosphere's been eliminated? (E.g. flushed, purged or gas inerted)	☐	☐	☐
4. Have pressurized vessels, piping and equipment been removed from service, isolated and/or vented? (If process piping, check Item 3.)	☐	☐	☐
5. Have caution signs and/or barricades been placed at all potential entry points?	☐	☐	☐
6. Is all hot work equipment in good working order?	☐	☐	☐
7. Is there sufficient firefighting media readily available?	☐	☐	☐
8. Is there a competent fire watch in place during and 30 minutes after hot work complete?	☐	☐	☐
9. Have employees in close proximity been made aware of hot work being performed?	☐	☐	☐
10. If applicable, have all batteries been disconnected? (I.e. on tractors, trailers, etc.)	☐	☐	☐
11. Has a task specific JSA been completed and discussed?	☐	☐	☐
12. Are any additional hazards present? (List here):	☐	☐	☐
LOCKOUT/TAGOUT PROTOCOLS NEEDED:	☐ **YES**	☐ **NO**	☐ **N/A**

Applying & Removal of Warning Devices (i.e. Locks and Tags): _____

Authorized Individual Name:_____ Title: _____Time_____AM/PM

ACTIVE PERMIT PARTICIPANTS AND PERMIT REQUIREMENTS SIGN OFF

Fire Watch Print/Sign Name	**Hot Work Performer Print/Sign Name**	**Date**

SUPERVISOR

I certify that all required precautions have been taken and necessary equipment is provided for the work to commence in the area.

_____	_____	_____
Supervisor Print Name	Supervisor Signature	Date