

Hot Work Permit

Part 1: Task Details	Return Permit to Issuer on surveillance completion
Site: _____	Required Precautions Checklist: Y / N or N/A
Date: _____ Job No. _____	
Location - Building/Floor: _____	
Scope of Work: _____	
Other PTW associated with Works e.g., Confined Space, LOTO? (Insert Permit type and Ref. No.) _____	Fire Protection System:
Part 2: Work Location Preparation	35 Feet (11 m) Clearance from Flammables/Combustibles:
The above work location has been prepared for Hot Works in accordance with the Required Precautions Checklist	<ul style="list-style-type: none"> • Existing fire suppression systems verified as operational, if "No", specify additional precautions below <input type="checkbox"/> • Fully charged Class A:B:C multi-purpose portable fire extinguisher, or other appropriate fire extinguishing equipment, is available in the vicinity for immediate use <input type="checkbox"/> • All materials removed from the hot work area or covered with fire retardant barriers e.g., flameproof covers, shielded with metal or curtains, where relocation is impractical? <input type="checkbox"/> • Works areas, openings and people - work level and below protected from sparks, molten metal, slag etc.? <input type="checkbox"/> • Work area demarcated and access controlled e.g., signs & barriers at work level and below? <input type="checkbox"/> • Floors swept clean (dampened down if combustible and insulation protected for arc welders, if applicable) <input type="checkbox"/> • Horizontal work surfaces above and below (e.g., building structures, cable trays, ducts, equipment) cleaned, where possible? <input type="checkbox"/>
Part 3: Permit Issue	
Flammable Gas/Vapour Concentration Measured Yes /No	
Oxygen (%) : _____	
Flammability / LEL (%) : _____	
Note: Work is prohibited if LEL > 10% and/or oxygen content > 21%.	
Permit Expiry Date: _____	Flammable/Combustible Transfers:
Expiry Time: _____ am/pm	<ul style="list-style-type: none"> • Fans, ducts and conveyor systems that could carry sparks to other areas suitably protected or shut down? <input type="checkbox"/> • Nearby combustible walls, partitions, ceilings or roofs protected with fire-resistant shields or guards? <input type="checkbox"/> • Precautions taken to prevent ignition of combustibles on the other side non-combustible walls, partitions, ceilings or roofs, due to conduction or radiation. (See Fire Watch) <input type="checkbox"/> • Parts, equipment, containers, tanks, ducts, cleaned/purged of flammable vapours, liquids, dusts, and hazardous materials? <input type="checkbox"/>
I verify that the above work location has been examined and all required precautions identified and implemented.	
Name & Signature Permit Issuer _____	
Part 4: Work Party	
Print Names(s): <i>Continue reverse if required</i>	
Assigned Fire Watch: _____	Fire Watch(s):
Supervisor: _____	<p style="background-color: #ff0000; color: white; padding: 2px;">Fire Watcher required if any of the following apply:</p> <ul style="list-style-type: none"> • Significant combustible material is closer than 35 ft. (11 m) to the point of activity? <input type="checkbox"/> • Significant combustibles are more than 35 ft. (11 m) away but may easily be ignited by sparks? • Wall or floor openings within a 35 ft. (11 m) radius expose combustible material in adjacent areas, including concealed spaces in walls or floors? • Combustible materials are adjacent to the opposite side of metal partitions, walls, ceilings, or roofs and are likely to be ignited by conduction, sparks or radiation?
Worker #1: _____	
Worker #2: _____	
Worker #3: _____	
Worker #4: _____	
Part 5: Completion of Fire Watches	<ul style="list-style-type: none"> • Access to fire extinguisher and means of raising alarm? <input type="checkbox"/> • Extended surveillance arrangements in place (note duration below)? <input type="checkbox"/>
60 Min: Start: _____ am/pm End: _____ am/pm	
Signature Fire Watch: _____	
Extended Surveillance completed: _____ am/pm	
Signature Fire Watch: _____	Other Considerations / Comments:

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