



# HOT WORK PERMIT



Date of Issue: \_\_\_\_\_ Permit Expiration: \_\_\_\_\_

1. Location Where Work Will be Performed: \_\_\_\_\_

2. Purpose of Work: \_\_\_\_\_

3. Persons Authorized to Conduct Hot Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Person(s) Responsible for Safety Procedures: \_\_\_\_\_  
\_\_\_\_\_

5. List of Potential Hazards:

	<u>Controls</u>
<input type="checkbox"/> Oxygen Deficiency	_____
<input type="checkbox"/> Toxic Gas or Fumes	_____
<input type="checkbox"/> Explosive Atmosphere	_____
<input type="checkbox"/> Fire	_____
<input type="checkbox"/> Engulfment	_____
<input type="checkbox"/> Entrapment	_____
<input type="checkbox"/> Uncontrolled Hazardous Energy	_____
<input type="checkbox"/> Wind	_____
<input type="checkbox"/> Other	_____

6. Safety Procedures Required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Results of any Testing: \_\_\_\_\_  
(Record time of Testing and Initial) \_\_\_\_\_

8. Results of Periodic Testing: \_\_\_\_\_  
(Record time of Testing and Initial) \_\_\_\_\_

9. Identity of Rescue or other Emergency Services to call: \_\_\_\_\_  
\_\_\_\_\_ Telephone #  
\_\_\_\_\_

10. Identify Equipment or Service Required:

- |  |  |
|--|--|
| <input type="checkbox"/> Oxygen Meter                | <input type="checkbox"/> Warning Signs               |
| <input type="checkbox"/> Toxic Gas Meter             | <input type="checkbox"/> Warning Flagging            |
| <input type="checkbox"/> LEL Meter                   | <input type="checkbox"/> Wind Barriers               |
| <input type="checkbox"/> Lockout / Tagout Procedures | <input type="checkbox"/> Portable Fire Extinguishers |

Gas Mask

Goggles or Faceshields

Fire Watch

Safety Glasses

Protective Clothing

Other

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11. Other Permits Required: \_\_\_\_\_

12. Other Information Necessary for Work to be Accomplished:

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13. Signature of Authorized Supervisor: \_\_\_\_\_