

HOT WORK PERMIT

1. Job Information

Job Title			
Work Description			
Work Location		Department / Area	
Equipment / Asset			
Planned Start Date & Time		Planned Finish Date & Time	

2. Personnel Involved

Role	Name	Signature
Requestor		
Super visor		
Permit Issuer		
Safety Representative		

3. Risk Assessment

☐ Risk Assessment Completed ☐ Toolbox Talk Conducted ☐ Work Area Reviewed

Comments:

4. Permit-Specific Safety Checklist (Hot Work)

- | | |
|--|--|
| ☐ Combustibles removed (11m/35ft) or covered with fire blankets | ☐ Dedicated Fire Watch appointed and present |
| ☐ Fire extinguishers available, inspected, and fully charged | ☐ Gas testing completed (LEL within safe limits) |
| ☐ Welding/cutting equipment inspected (hoses intact, flashback arrestors installed) | ☐ Sparks and slag properly contained (welding habitat in place if required) |
| ☐ Ventilation/exhaust systems active to remove hazardous fumes | ☐ Fire Watch to remain 30-60 mins post-completion |

5. Required PPE

- | | | |
|---|---|---|
| ☐ Welding Helmet / Face Shield | ☐ Fire-Resistant (FR) Clothing / Apron | ☐ Welding Gauntlets / Heat Gloves |
| ☐ Safety Helmet / Hard Hat | ☐ Protective Footwear (Steel-toed) | ☐ Respiratory Protection (If required) |

6. Additional Notes

Supervisor instructions, restrictions, or special precautions

7. Work Completion

- | | | |
|---|--|---|
| ☐ Work completed | ☐ Area cleaned (Sparks/slag extinguished) | ☐ Equipment returned to safe condition |
| ☐ Temporary controls removed | ☐ Area handed back | |

8. Authorization

Role	Name	Signature	Date
Permit Issuer			
Super visor			
Safety Representative			