

Hot Work Permit

Location		Date	
Line No.		Time	From Till
Description of work		Type of work	
		<input type="checkbox"/>	Welding/Grinding
		<input type="checkbox"/>	Cutting/Burning
		<input type="checkbox"/>	Electrical Apparatus
		<input type="checkbox"/>	Measuring Equipment
		<input type="checkbox"/>	Photography (Flash)
		<input type="checkbox"/>	Vehicular Access
		<input type="checkbox"/>	Breaking-out Concrete

Preparation					Personal Protection (Check prior to start of work)				
Apparatus rinsed with water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goggles/shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neoprene overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purged with steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-contained breathing apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purged with nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mask/escape mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous purge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves (PVC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drains covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gum boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment earth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spades positioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barriers placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radioactive source protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment locked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwheels chained and locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L.E.L. % Oxygen %				
					Percentage monitor O ₂ /H ₂ S/N ₂				

Names/Signatures for Work Approval/Correct Implementation			
Supervisor Subcontractor	Name	Company Discipline Specialist	Name
	Signature		Signature
Foreman Subcontractor (+ men)	Name	Final Check (Company Safety)	Name
	Signature		Signature

Full responsibility for instructions received with this permit is accepted by subcontractor's supervisor. It is HIS obligation to pass on all relevant information to his executing foreman and his men.

Permit is to be handed into the Company issuing authority at the end of EACH workday.