

HOT WORK PERMIT

8CCR §4848

1. Hot Work Supervisor	2. Date & Time of Work	3. Have emergency fire response procedures been reviewed? <input type="checkbox"/> yes <input type="checkbox"/> no
4. Is a confined space permit required? <input type="checkbox"/> yes <input type="checkbox"/> no	5. Is Lockout/Blockout/Tagout required? <input type="checkbox"/> yes <input type="checkbox"/> no	6. Hot Work Equipment to be used
7. Location and equipment to be worked on:		
8. Reason for completing this Hot Work Permit (check all that apply): <input type="checkbox"/> Combustible materials in the work area <input type="checkbox"/> Work area has potential for flammable vapors <input type="checkbox"/> Work area has potential for an oxygen-enriched atmosphere <input type="checkbox"/> Work will be done in a permanent building		9. Yes/No <input type="checkbox"/> <input type="checkbox"/>
10. Fire Prevention Procedures to be used during hot work:		
Yes/No <input type="checkbox"/> <input type="checkbox"/> Lockout/Blockout/Tagout <input type="checkbox"/> <input type="checkbox"/> Test for flammable vapors with gas detector <input type="checkbox"/> <input type="checkbox"/> Erect fire-resistant barriers <input type="checkbox"/> <input type="checkbox"/> Place fire extinguishers around work site <input type="checkbox"/> <input type="checkbox"/> Wet down floor <input type="checkbox"/> <input type="checkbox"/> Cover floor with wet sand <input type="checkbox"/> <input type="checkbox"/> Drums filled with wet sand <input type="checkbox"/> <input type="checkbox"/> Drums filled with water <input type="checkbox"/> <input type="checkbox"/> Fire watch	Yes/No <input type="checkbox"/> <input type="checkbox"/> Confined Space Entry Procedure <input type="checkbox"/> <input type="checkbox"/> Displace pipeline/tank with water <input type="checkbox"/> <input type="checkbox"/> Ventilate area to control flammable vapors <input type="checkbox"/> <input type="checkbox"/> Clear work area of combustibles <input type="checkbox"/> <input type="checkbox"/> Place water hoses around work site <input type="checkbox"/> <input type="checkbox"/> Other (list below) _____ _____ _____	
11. Persons Conducting Hot Work:		
Name and Department _____		
Name and Department _____		
Name and Department _____		
Fire Watch, Name/Department _____		
Fire Watch, Name/Department _____		
12. This Permit is authorized and issued by a Hot Work Supervisor.		
Name _____ Signature _____		
13. Fire Watch (if assigned) has been maintained for 1/2 hour after completion of hot work. All ignition sources have been extinguished. This permit is closed. Date/Time _____		
Fire Watch Name _____ Signature _____		