

# Hot Work Permit



**INSTRUCTIONS:** Submit the completed form, including the below signatures, to your supervisor.

Area: \_\_\_\_\_

Describe type of work to be done: \_\_\_\_\_

Permit is good for one shift only, or not to exceed the time limit listed below.

Time limit (date and time): \_\_\_\_\_

1. Can this equipment be removed from the building?  Yes  No  N/A
2. Have all process materials been removed from equipment?  Yes  No  N/A
3. Have all connections been blanked off and switches been locked open?  Yes  No  N/A
4. Has equipment been ventilated?  Yes  No  N/A
5. Can sparks ignite material in vicinity lower level?  Yes  No  N/A
6. Clear of all explosive, flammable, and hazardous material (35-ft. rule)?  Yes  No  N/A
7. Is all combustible material removed from the work area or protected (35-ft. rule)?  Yes  No  N/A
8. Has a fire watch been assessed?  Yes  No  N/A
9. Is an operational fire extinguisher readily available?  Yes  No  N/A
10. Has the nearest fire alarm pull station been located?  Yes  No  N/A
11. Does the operator have the correct personal protective equipment (example; eye protection, gloves, face shield)?  Yes  No  N/A
12. Is the area where the work will occur adequately ventilated?  Yes  No  N/A
13. Have the dangers associated with the following been eliminated or specifically addressed?
  - a) Penetrating a pressurized system?  Yes  No  N/A
  - b) Penetrating a container of hazardous chemicals?  Yes  No  N/A
  - c) Damaging property?  Yes  No  N/A

Special precautions to be observed

I approve the issuance of a Hot Work Permit for the request described above.	
Area CFMO Superintendent or Designee Signature:	Date:
Risk Management Specialist Signature:	Date: