## **Hot Work Permit**

| Permit Number                                |
|----------------------------------------------|
|                                              |
| Jacuard To (Nama (Common))                   |
| Issued To (Name/Company)                     |
|                                              |
| Location of Work                             |
|                                              |
|                                              |
| Date Issued                                  |
|                                              |
| Start Time                                   |
|                                              |
|                                              |
| End Time                                     |
|                                              |
|                                              |
|                                              |
|                                              |
| Description of Work                          |
| Description of Work  Type of Hot Work        |
|                                              |
| Type of Hot Work                             |
| Type of Hot Work                             |
| Type of Hot Work  Welding                    |
| Type of Hot Work  Welding                    |
| Type of Hot Work  Welding  Cutting           |
| Type of Hot Work  Welding Cutting            |
| Type of Hot Work  Welding  Cutting  Grinding |
| Type of Hot Work  Welding  Cutting  Grinding |

| Precautions Checklist               |
|-------------------------------------|
|                                     |
| Fire extinguisher available         |
|                                     |
| Area cleared of combustibles        |
|                                     |
| Appropriate PPE provided            |
|                                     |
| Permit displayed at site            |
|                                     |
| Fire watch assigned                 |
|                                     |
| Gas test conducted (if applicable)  |
|                                     |
| Ventilation provided                |
| Additional Precautions / Notes      |
|                                     |
|                                     |
| Permit Issuer Signature             |
| Permit Issuer Signature             |
|                                     |
| Permit Issuer Signature  Date       |
|                                     |
|                                     |
| Date                                |
| Date Time                           |
| Date                                |
| Date Time                           |
| Date Time                           |
| Date Time Permit Receiver Signature |
| Date Time Permit Receiver Signature |

| Fire Watch Signature |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
|                      |  |  |  |
| Date                 |  |  |  |
|                      |  |  |  |
|                      |  |  |  |
| Time                 |  |  |  |
|                      |  |  |  |
| I                    |  |  |  |