

Shipboard Welding and Cutting Permit

Permit No.		Date	
Vessel Name		Location/Area	
Work Order/Job No.		Duration (From - To)	
Description of Work			

Personnel Involved

Welder's Name		Certificate No.	
Supervisor		Company/Dept.	
Gas Watch/Fire Watch		Time On Duty	

Pre-Work Safety Precautions

- ☐ Area inspected and free from flammable materials
- ☐ Suitable fire extinguishers ready
- ☐ Adequate ventilation provided
- ☐ Gas and oxygen bottles properly stored
- ☐ Electrical equipment checked
- ☐ Fire watch assigned and stationed
- ☐ Personal Protective Equipment used
- ☐ Hot Work signage posted
- ☐ Boundaries defined and restricted

Atmosphere Testing

Tested By		Date/Time	
Oxygen (%)		LEL (%)	
Other (Specify)			

Final Checks & Approval

- ☐ Work area re-inspected upon completion
- ☐ Area safe for normal operations
- ☐ Gas/Fire Watch remains 30 min after work
- ☐ No smoldering or hot spots found

Authorized Officer

Signature:

Date/Time:

Welder

Signature:

Date/Time:

Supervisor

Signature:

Date/Time:
