

HOT WORK PERMIT

Job Location: _____ Start Time: _____ Finish: _____

Description of Work _____

Name of Worker completing Permit: _____

FLHA completed and reviewed by all workers performing task: YES Date: _____

Type of Work to be Performed

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Arc Welding | <input type="checkbox"/> Mig Welding | <input type="checkbox"/> Tig Welding | <input type="checkbox"/> Plasma Cutting | <input type="checkbox"/> Brazing / Soldering |
| <input type="checkbox"/> Oxy-fuel Welding | <input type="checkbox"/> Oxy-fuel Cutting | <input type="checkbox"/> Mechanical Cutting / Grinding | | |
| <input type="checkbox"/> Other: _____ | | | | |

Hazards Present

- | | |
|--|--|
| <input type="checkbox"/> Presence of flammable / combustible dust | <input type="checkbox"/> Hot work on machinery or equipment |
| <input type="checkbox"/> Presence of flammable / combustible vapors | <input type="checkbox"/> Work being performed in confined space |
| <input type="checkbox"/> Flammable materials / fluids / substances within 11 m (35') | <input type="checkbox"/> Low oxygen concentrations |
| <input type="checkbox"/> Radiant heat conducting to combustible materials | <input type="checkbox"/> Openings in floor |
| <input type="checkbox"/> Presence of hazardous chemicals (liquids, vapors or solids) | <input type="checkbox"/> Other workers / tasks being completed in the area |
| <input type="checkbox"/> Other: _____ | |

In the presence of the above mentioned hazards, appropriate control measures must be implemented to eliminate/mitigate risks. Hot work is prohibited in hazardous atmospheres/conditions.

Personal Protective Equipment

Physical Protection

- | | | |
|--|---|--|
| <input type="checkbox"/> Welding Helmet | <input type="checkbox"/> Face Shield | <input type="checkbox"/> Gloves (welding, heat resistant) |
| <input type="checkbox"/> Welding goggles | <input type="checkbox"/> Hearing protection | <input type="checkbox"/> Clothing (welding apron, flame resistant, insulate, etc.) |
| <input type="checkbox"/> Other: _____ | | |

Respiratory Protection

- | | |
|---|---|
| <input type="checkbox"/> Particulate respirator | <input type="checkbox"/> Gas/vapor respirator |
| <input type="checkbox"/> Welding air purifying respirator | <input type="checkbox"/> Other: _____ |

Safeguards & Protective Equipment

Fire Protection

- | |
|--|
| <input type="checkbox"/> Welding curtains/shields |
| <input type="checkbox"/> Fire blankets or covers |
| <input type="checkbox"/> Fire extinguisher (within 9 meters) |
| <input type="checkbox"/> Water hose |
| <input type="checkbox"/> Other: _____ |

Equipment Inspection

- | |
|---|
| <input type="checkbox"/> Cables/ground clamps |
| <input type="checkbox"/> Welding machine power cable |
| <input type="checkbox"/> Gauges/hoses/flashback arrestors |
| <input type="checkbox"/> Cylinder properly attached & secured |

Fire Watch Required

- | |
|---|
| <input type="checkbox"/> 30 min after work completed |
| <input type="checkbox"/> ___ hour(s) after work completed |
| <input type="checkbox"/> Name: _____ |
| <input type="checkbox"/> Name: _____ |

- | | |
|--|--|
| <input type="checkbox"/> Mechanical ventilation or local exhaust | <input type="checkbox"/> Openings in floor protected |
| <input type="checkbox"/> Barricades installed & warning signs posted | <input type="checkbox"/> Other workers in the area are informed of hot work processes in place |

Permits / Plans

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Lock-out / Tag-out | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Emergency Preparedness Plan |
|---|---|--|--|

Special Recommendations or Comments

All workers must read and sign off who are performing work under this Hot Work Permit.

Name of Worker

Signature of Worker

Signature of worker completing permit

Date:

Reviewed By: (manager's signature)

Date: