

HOT WORK PERMIT

THIS HOT WORK PERMIT IS REQUIRED FOR ALL OPERATIONS WHICH CREATE HEAT, SPARKS OR OPEN FLAME.

PROJECT: O'HARE TERMINAL 5 CONTRACTOR: _____ DATE: _____

CONTRACTOR COMPETENT PERSON RESPONSIBLE FOR OPERATION: _____
 (CONTRACTOR - PRINT NAME)

I understand the expectations of this Hot Work Permit and the responsibility to implement the requirements. _____
 (CONTRACTOR - SIGNATURE)

The location identified below has been reviewed and the required pre-cautions have been taken. The fire watch requirement has been established. _____
 (APP - SIGNATURE)

FIRE WATCH REQUIREMENT AS DETERMINED BY APP (INITIAL ONE):

<input type="checkbox"/> INDEPENDENT FIRE WATCH DURING WORK AND AREA MONITORED 60 MIN. AFTER	<input type="checkbox"/> AREA MONITORED 60 MINUTES AFTER ONLY	<input type="checkbox"/> FIRE WATCH NOT REQUIRED
--	---	--

NAME OF FIRE WATCH (IF REQUIRED): _____

TYPE AND LOCATION OF WORK PERFORMED

LOCATION OF WORK: _____

TYPE OF WORK: _____

START TIME: _____ FINISH TIME: _____

REQUIRED PRECAUTIONS

- YES Work area inspected for hazards above, below & adjacent to work area.
- YES Fire extinguisher present, charged & within 20' of work area
- YES Flammables and combustibles removed or protected and area swept
- YES N/A Smoke / heat detectors protected or taken out of service
- YES N/A Sprinkler heads in area identified and protected

FIRE WATCH CRITERIA

IF ANY OF THE FOLLOWING CONDITIONS EXIST, AN INDEPENDENT FIRE WATCH IS REQUIRED DURING AND FOR 60 MINUTES AFTER HOT WORK

- YES NO Does the facility owner require an independent fire watch during and after hot work?
- YES NO Is active fire protection in proximity (within 10') of the hot work and not shut down?
- YES NO Is the hot work adjacent to unsealed shafts, roofs, floors, or floor penetrations where sparks or byproduct can drop to area below?
- YES NO Are flammable and combustibles near or below the hot work?

IF THE FOLLOWING CONDITION EXISTS, AREA MUST BE MONITORED FOR 60 MINUTES AFTER COMPLETION OF HOT WORK ONLY

- YES NO Is the hot work being performed in a cavity or enclosure that is not completely visible?

IF NONE OF THE CONDITIONS LISTED ABOVE EXIST, NO INDEPENDENT OR POST-WORK FIRE WATCH IS REQUIRED

PERMIT CLOSURE

I verify the above location has been examined and the required procedures have been followed. Fire watch requirement was met and no hot work hazards exist. _____
 (COMPETENT PERSON - SIGNATURE)

AUSTIN POWER REPRESENTATIVE REVIEWED AREA: _____
 (APP - SIGNATURE)

PERMIT CLOSURE: DATE: _____ TIME: _____