

HOT WORK PERMIT

After this is filled out and signed, send to _____
for recordkeeping in the _____ file.

Type of work: _____

Permit is good for one shift only, or not to exceed the time limit. TIME LIMIT: _____ a.m.
p.m.

Area: _____ Date: _____

Describe work to be done: _____

Note: Check Yes or No. If question does not apply, indicate it with N/A (not apply).

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

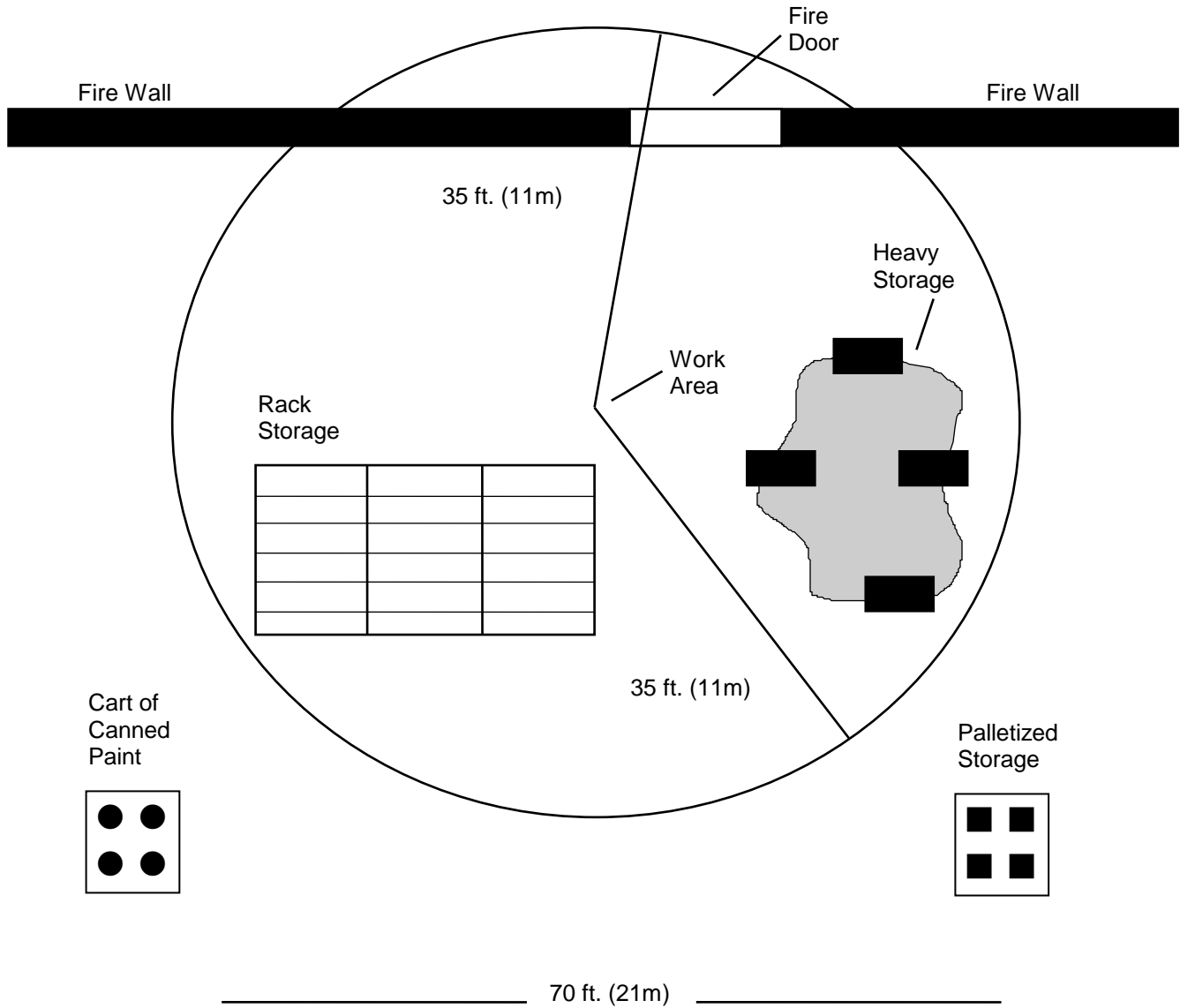
14. SPECIAL PRECAUTIONS TO BE OBSERVED: _____

I have personally inspected and approve conditions for above.

Signed: _____ Department: _____
(Operating Supervisor)

and/or Signed: _____ Time: _____ Date: _____
(Safety Department)

Example of the Hot Work 35-ft. (11m) Rule



- Remove or shield from sparks all potential fuels within 35 ft. (11m) of the work area. In this case, the paint cart and palletized storage.
- Empty racks on which the work is to be done of all storage.
- Close fire doors and seal floor openings such as the area surrounding process piping with noncombustible caulking.
- Cover heavy combustible storage that is impractical to move with a fire-resistive material.