



HOTWORKS PERMIT

Before initiating hot work, ensure precautions are in place. Applicable to all operations involving flame, hot air or arc welding and cutting equipment, brazing and soldering equipment, blowlamps, bitumen boilers and other equipment producing heat or having naked flames.

Date of work:	Area of work/Location:
Work to be done:	
Time Started: ____ : ____	
Permission is granted to (Name & Surname of person):	
REQUIRED PRECAUTIONS CHECKLIST :	
GENERAL:	
<input type="checkbox"/> The above location has been examined	
<input type="checkbox"/> Available sprinklers, hose streams and extinguishers are in service/operable	
<input type="checkbox"/> Ample ventilation to remove smoke/vapor from work area	
<input type="checkbox"/> Hot work equipment in good condition	
<input type="checkbox"/> All hazardous operations in the area where work is to be conducted discontinued	
<input type="checkbox"/> The person mentioned above and the operatives have had the nearest fire alarm/telephone pointed out to them and have been told what to do in the event of a fire	
REQUIREMENTS WITHIN 10M OF WORK:	
<input type="checkbox"/> There are no combustible liquids, vapors, gasses or dust - Explosive atmosphere in area eliminated	
<input type="checkbox"/> Floors swept clean	
<input type="checkbox"/> Combustible floors wet down, covered with damp sand or fire-resistant sheets	
<input type="checkbox"/> All combustible material has been either removed or suitably protected against heat and sparks	
<input type="checkbox"/> All wall and floor openings covered	
WORKS ON WALLS OR CEILINGS/ENCLOSED EQUIPMENT:	
<input type="checkbox"/> Combustible on other side of walls moved away	
<input type="checkbox"/> Containers purged of flammable liquids/vapors	
<input type="checkbox"/> Enclosed equipment cleaned of combustibles	



MONITORING OF HOT WORK AREA

Fire watch provided – It will be extended 1 hour after completion of the work

Permit Authorized by (Name & Surname):	
Designation:	
Signature:	

Signature of person responsible for the work:	
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Time Completed: ____: ____

Area inspected _____ minutes after completion of work.

Name & Surname:	
Signature:	