

## **HOT WORK PERMIT**

Note: Permit to be issued daily.							
Name Issuing Permit: Signature:							
Name Receiving Permit: Signature:							
Company: Time:				АМ 🗌 РМ 🔲			
Location for Permit Area:		Date:(	dd/mm/yy)				
Description of Work: Project #:							
FIRE SAFETY PRECAUTIONS – CHECK PRIOR TO WORKING							
				YES	NO	N/A	
1. Cutting and/or welding equipment inspected and found to be in good repair, free of damage or defects.							
2. A multi-purpose dry chemical, portable fire extinguisher is immediately available at the work area and is fully charged and ready for use.							
3. A means of contacting the fire department (i.e. site telephone) must be available, accessible to person(s) conducting the cutting/welding operation.							
4. Floor areas below the cutting/welding operation must be swept clean of combustible and flammable materials.							
5. All combustibles must be swept clean or removed within approximately 10 metres (35ft) of the work area.							
6. All equipment, fueling activities, and fuel storage must be relocated at least 10 metres (35ft) from the cutting/welding operation.							
7. Fire resistant shields, fire retardant material, flameproof tarpaulin or metal must cover combustible floors.							
8. Spark/slag catchers such as flameproof tarpaulins must be suspended below any elevated cutting/welding operation.							
9. All floor and wall openings must be covered to prevent sparks/slag from traveling to other unprotected areas.							
10. Containers in or on which cutting/welding will take place must be purged of flammable vapors.							
11. The area has been assessed for potential atmospheric hazards and hot work is safe to proceed.							
AFTER THE WORK - The following precautions will be taken:							
Person(s) must be assigned to a fire watch during and for at least 30 minutes after all cutting/welding ceases. Name:							
Fire watch person(s) are to be supplied with multi-purpose dry chemical, portable fire extinguisher & trained in its use.							
A means of contacting the fire department must be available and accessible to fire watch person(s)							
HOT WORK COMPLETION							
Name of Fire Watch: Signature:							
Time Hot Work Completed:	ompleted: AM ☐ PM ☐ Time Fire Watch Con		mpleted:	d: AM ☐ PM ☐			
lame Returning Permit: Signature:		Date: (dd/mm/yy)					
Name Closing Permit: Signature:			Date: (dd/mm/yy)				
Note: Permits are to be posted in the location of work activity and returned daily to the user. Permit to be							

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