



HOT WORK PERMIT

1. Date:

PERMIT IS VALID FOR ONE DAY ONLY

2. Hot Work Performed By:

- County Employee
- Contractor

2. Location:	3. Department:	4. Name of Person Performing Hot Work: _____
5. Description of Work:		(Print) _____
6. Start Time: _____ Stop Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM		7. Before approving any Hot Work Permit, the Permit Authorizing Individual (PAI) shall inspect the work area and ensure precautions have been taken to prevent fires as per National Fire Protection Association (NFPA) Standard 51B

GENERAL REQUIRMENTS:	N/A	YES	NO
Sprinkler systems and/or fire extinguishers serviceable and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment used for Hot Work serviceable and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate PPE on hand and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRMENTS WINTHIN 35FT OF HOT WORK:			
Flammable or combustibile materials a minimum of 35 feet away from working area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Flammable or combustibile materials that can't be moved, covered with welding blankets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosive atmosphere eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors swept and trash removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible floors wet down or covered with damp sand or welding blankets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- If wet floors, are personnel protected from electrical shock hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All wall and floor openings covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect or shutdown ducts or conveyors that may carry sparks to distant combustibile material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRMENTS FOR HOT WORK ON ENCLOSED EQUIPMENT			
Equipment cleaned of all potential flammable/combustibile residue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containers purged of flammable liquid/vapor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized vessels, piping, and equipment removed from service. Isolated, and vented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRMENTS FOR HOT WORK IN A CONFINED SPACE			
Entry performed in accordance with SOP 5101-5025 <i>Confined Space Entry</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRMENTS FOR FIRE WATCH			
Fire watch maintained for 1 hour (minimum) after completion of Hot Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher readily available and in the immediate area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERMIT APPROVAL		
I certify that the above location has been inspected, the proper precautions marked above have been taken, and thus permission is granted for this work.		
Name (Print): _____ Sign: _____ Date: _____		