



HOT WORK PERMIT

Approved By:
Chad L. Underwood
Date: 02/03/2009

- This hazardous work permit may be signed and work authorized only after satisfactory compliance with the listed safety considerations.
- This permit is void when/if:
 1. Permit expires
 2. Conditions change making continuation hazardous
 3. Starting work is delayed or work is stopped for more than 1 hr.

| | |
|---|---|
| 1 | Permit Issuer (print): _____ |
| 2 | Location: _____ |
| 3 | Equipment: _____ |
| 4 | Description of Work: _____ |
| 5 | Date: _____ Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 6 | Procedures Needed <i>(Please list and attach any additional permits and state procedures associated with this permit.)</i> |

| | | |
|----|--|--|
| 7 | Preparation for Work <i>(Check appropriate box.)</i> | |
| a. | Personnel Awareness <input type="checkbox"/> Job Safety Analysis conducted prior to work <input type="checkbox"/> Emergency Response reviewed and understood | b. |
| c. | Fire Protection <input type="checkbox"/> Combustible materials removed/covered <input type="checkbox"/> Floor and wall openings covered to prevent sparks from entering adjacent areas <input type="checkbox"/> Sumps/ducts and drains covered <input type="checkbox"/> Fire eyes and gas detections are bypassed <input type="checkbox"/> Fire extinguishers provided 20 lb. or greater Type: <input type="checkbox"/> ABC <input type="checkbox"/> Purple K <input type="checkbox"/> Other/Describe: _____ | d. |
| | | Isolation Method <input type="checkbox"/> Equipment purged <input type="checkbox"/> Equipment flushed/drained <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Ventilation <input type="checkbox"/> Blank/blind <input type="checkbox"/> Barriers Describe: _____ |
| | | Equipment Requirements <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Atmospheric Testing/Monitoring <input type="checkbox"/> Rescue Equipment <input type="checkbox"/> Communication |

| | | |
|---|--|--|
| 8 | Fire Watch Responsibilities | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Has Fire Watch personnel assured a 35' radius surrounding hot work has been cleared of all hazards? |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Are Fire Watch personnel properly trained in fire extinguisher use? |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Does Fire Watch personnel understand this is the only task assigned? |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Does Fire Watch personnel understand their role in emergency response? |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Does Fire Watch personnel understand they must monitor work area 30 minutes after completion of the job? |
| | Fire Watch Assigned (Print) _____ | Name: _____ Sign: _____ |
| | | Name: _____ Sign: _____ |

| | | | |
|---|--------------------------|-------------|----------------------|
| 9 | Emergency Service | | |
| | Contact _____ | Phone _____ | Contact Method _____ |
| | _____ | _____ | _____ |

| | | | |
|----|--|---|---|
| 10 | Testing Record | Person Performing Gas Check(s): _____ | Signature: _____ |
| | Is there a gas monitor on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No | Who owns the gas monitor? <input type="checkbox"/> Northwinds <input type="checkbox"/> Contractor | |
| | If contractor owns gas monitor, list name of contractor _____ | | |
| | When was the last calibration? _____ | When is next calibration due? _____ | |
| | Testing Frequency <input type="checkbox"/> Initial <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | | |
| | Location of Monitors _____ | Monitors need to be checked every _____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours | |
| | Acceptable Conditions | Results Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | Results Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | O ₂ 19.5-23.5% | _____ | _____ |
| | Flammability <10% LEL | _____ | _____ |
| | H ₂ S <10 ppm | _____ | _____ |
| | CO <35 ppm | _____ | _____ |
| | Other _____ | _____ | _____ |

| | | |
|----|--|-------------|
| 11 | Approval/Authorized Person | |
| | Permit Issuer (Northwinds Rep.) Print: _____ | Sign: _____ |
| | Contract Representative Print: _____ | Sign: _____ |

| | | |
|----|--|--------------------------------|
| 12 | Sign Off - Work Completed and Time Completed (Sign) | |
| | Permit Issuer: _____ | Time work was completed: _____ |