HOT WORK PERMIT

Date: __________________ Start Time: _______________ Expiration Time: ______________

Description of Work: __________________________________________________________

Building: _____________________________ Area: _______________________________

Special Precautions: __________________________________________________________

Supervisor Issuing Permit: _____________________________________________________

Fire Prevention

Is the equipment to be used in good operating condition? YES NO N/A

Have all flammable, combustible materials within 35 feet of the proposed work area been moved or protected? YES NO N/A

Have openings in the floors and walls been protected from sparks and slag? YES NO N/A

Are fire resistant shields set up around the hot work area? YES NO N/A

If required, have permits been obtained from the local fire department? YES NO N/A

Fire System Safety

Is the sprinkler system operational? YES NO N/A

Do smoke alarms/sprinklers have to be disabled to prevent false alarms? YES NO N/A

Are there 20 lb ABC fire extinguishers present in the area? YES NO N/A

Do workers know how to initiate a fire alarm? YES NO N/A

Other Considerations

Is a fire watch present? YES NO N/A

Have other potentially affected persons been notified and a Hot Work sign posted? YES NO N/A

Does the area have adequate ventilation? YES NO N/A

Do workers have proper Personal Protection Equipment available? YES NO N/A

AUTHORIZATIONS

The permission granted by this permit is good for ONE WORK SHIFT and is valid for:

Hot Work Operator(s): _________________________________________________________

BOSTON NFPA Hot Work Safety Certification: ___________________________________

Permit Authorizing Individual: ________________________________________________
(i.e. Building Manager)