

HOT WORK PERMIT

for Soldering/Brazing

APPLIES ONLY TO AREA SPECIFIED BELOW

Date	
Location	
Purpose	
Work by	

IS IT POSSIBLE AND/OR SAFER TO DO THIS JOB IN A DIFFERENT LOCATION? IF NO, PROCEED WITH PERMIT

	Yes	No
Gas test taken?	<input type="checkbox"/>	<input type="checkbox"/>
Are flammable and combustibles min. 3 feet away?	<input type="checkbox"/>	<input type="checkbox"/>
Are you wearing the appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire extinguishers readily available?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a designated fire watcher?	<input type="checkbox"/>	<input type="checkbox"/>
In the area is there an employee certified in fire extinguisher use?	<input type="checkbox"/>	<input type="checkbox"/>
Welding curtains installed around work area?	<input type="checkbox"/>	<input type="checkbox"/>
Do you and the fire watcher know the location of nearest fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ANSWERED NO TO ANY OF THE QUESTIONS ABOVE
YOU CAN NOT PERFORM HOT WORK**

SUPERVISORS APPROVAL

I have personally checked the conditions necessary and as specified.
I authorize this "Hot" work to begin.

Approved by:			
Date:			
Start time:		End Time:	
Hot work permit is good for _____ hours only.			



DANGER

**HOT WORK
IN
PROGRESS**

**KEEP
OUT!**