

# HOT WORK PERMIT

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Time Valid To: \_\_\_\_\_

Issued to: \_\_\_\_\_ Area: \_\_\_\_\_

Describe Work To Be done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Equipment No.: \_\_\_\_\_ WO#: \_\_\_\_\_

**GENERAL PREPARATIONS:** (CHECK-OFF All Items Which Apply and INITIAL To Verify In Place)

- |   |  |
|---|--|
| <p><b>Initials</b> _____<br/>                 Y N</p> <p><input type="checkbox"/> <input type="checkbox"/> Energy Sources locked, tagged, tried<br/> <input type="checkbox"/> <input type="checkbox"/> Sewers covered, closed or plugged<br/> <input type="checkbox"/> <input type="checkbox"/> LEL monitors provided<br/> <input type="checkbox"/> <input type="checkbox"/> LEL Test _____% at _____ Hrs.<br/> <input type="checkbox"/> <input type="checkbox"/> LEL Test _____% at _____ Hrs.<br/> <input type="checkbox"/> <input type="checkbox"/> LEL Test _____% at _____ Hrs.<br/> <input type="checkbox"/> <input type="checkbox"/> LEL Test _____% at _____ Hrs.<br/> <input type="checkbox"/> <input type="checkbox"/> Maint. Supervisor Approval for<br/>                 LEL &gt;0 but &lt;10%<br/> <input type="checkbox"/> <input type="checkbox"/> Supervisor has reviewed responsibilities<br/>                 with Fire Watch</p> | <p><b>Initials</b> _____<br/>                 Y N</p> <p><input type="checkbox"/> <input type="checkbox"/> Radiation shutter locked closed<br/> <input type="checkbox"/> <input type="checkbox"/> Combustible materials removed<br/> <input type="checkbox"/> <input type="checkbox"/> Proper fire extinguisher available<br/> <input type="checkbox"/> <input type="checkbox"/> Running water / tarps / blankets<br/> <input type="checkbox"/> <input type="checkbox"/> Signs and barricades posted<br/> <input type="checkbox"/> <input type="checkbox"/> Vehicle entry<br/> <input type="checkbox"/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> <input type="checkbox"/> Fire Watch Name: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Signs and barricades posted</p> |
|---|--|

**CONDITIONS NOT ALL MET:**

- Special Procedure prepared   \_\_\_\_\_

**PROTECTIVE EQUIPMENT:**

First Break	After Break	First Break	After Break	First Break	After Break	First Break	After Break
<input type="checkbox"/> Slicker Suit	<input type="checkbox"/>	<input type="checkbox"/> Rubber Boots	<input type="checkbox"/>	<input type="checkbox"/> Chemical Gloves	<input type="checkbox"/>	<input type="checkbox"/> Face Shield	<input type="checkbox"/>
<input type="checkbox"/> Goggles	<input type="checkbox"/>	<input type="checkbox"/> Acid Hood	<input type="checkbox"/>	<input type="checkbox"/> Full Acid Suit	<input type="checkbox"/>	<input type="checkbox"/> Cartridge Respirator	<input type="checkbox"/>
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/> Breathing Air	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

**APPROVALS:**

(Full Name) \_\_\_\_\_ Unit Operator \_\_\_\_\_ Unit Supervisor \_\_\_\_\_ Designated Maintenance Worker \_\_\_\_\_

**TURN BACK TO OWNER:**

Work is **NOT** completed. DATE \_\_\_\_\_ TIME \_\_\_\_\_ Hrs. \_\_\_\_\_

STATUS: \_\_\_\_\_

- Work **IS** completed   Work area has been cleaned  
  Tools and equipment have been put away   Tags and Locks have been removed

\_\_\_\_\_  
 Maintenance Worker

\_\_\_\_\_  
 Unit Operator

**IF ALARM IS SOUNDED, THIS PERMIT IS CANCELLED**