**Sample Hot Work Permit**

| **Permit Details** |
| --- |
| Permit Number: | Permit Space Number: |
| Permit Start Time and Date: | Permit End Time and Date: |
| Location of Permit Space: |

1. Hot work to be performed and potential ignition sources: Check the applicable items on the table below.

| **Hot Work and Potential Ignition Sources** |
| --- |
| Grinding | Check | Cutting | Check |
| Heating |  | Brazing or smoldering |  |
| Electrical spark producing equipment. Describe the equipment: |  | Welding. Describe the type of welding *(cylinders must be located outside the permit space)*: |  |
| Space Heater. *Note that space heaters must not be taken into spaces. Fresh work air should be blown in when needed.* |  | Other sources of ignition. Describe them: |  |

2. Describe the work to be performed:

3. Is pre-entry atmospheric testing required? Yes □ No □

*Note: Frequent or continuous monitoring is required. Use the Entry Permit to record results.*

4. Is flammable or combustible gas or liquid present? Yes □ No □

Is flammable or combustible residue present? Yes □ No □

Is combustible dust present? Yes □ No □

*Note: If any item in Number Four is marked yes, appropriate steps must be taken to ensure that no flammable or explosive hazards exist. Record the control methods needed on the Entry Permit.*

5. Is ventilation provided? Yes □ No □

General mechanical or localized exhaust (circle one)?

Is the ventilation equipment intrinsically safe? Yes □ No □

6. Has the space been isolated? Yes □ No □

*Note: Refer to the Entry Permit for specific required entry procedures.*

7. Is fire-fighting equipment available? Yes □ No □

Describe the type of equipment and its location:

Have employees been trained to use fire-fighting Yes □ No □

equipment?

Have authorized entrants, attendants, and entry Yes □ No □

supervisors been trained on the potential hazards associated with performing hot work duties?

8. If welding in a confined space, have the following items been addressed?

Have welding electrodes been removed from holders any Yes □ No □

time welding has stopped?

Is the welding torch removed from the space any time Yes □ No □

welding is stopped?

Have welders been instructed to never allow gas Yes □ No □

cylinders or welding machines into the space and are they complying?

Has all portable equipment been secured? Yes □ No □

Are emergency procedures and equipment in place? Yes □ No □

Name and Signature of Certifying Individual

Date and Time