HOT WORK PERMIT FOR CUTTING AND WELDING OPERATIONS

IMPORTANT: Precautions on the reverse side of the permit must be followed.

Date: __________

Building: ___________________________ Floor: __________

Description of work: _____________________________________________

______________________________________________________________

______________________________________________________________

Special Precautions: ______________________________________________

Is a fire watch required? __________

The location where this work is to be done has been examined, necessary precautions taken, and permission is granted for this work. (See Other Side)

If fire occurs contact: ______________________ Phone: ____________

Permit expires: Date: ____________ Time: ____________

Signed: ___________________________ Title: _______________________

Time job started: ________________ Time completed: ____________

FINAL CHECK
(Fire Watch)

Work area and all adjacent areas to which sparks and heat might have spread (including floors above and below and on the opposite side of the wall) were inspected 30 minutes after the work was completed and were found fire free.

Signed: ___________________________ Title: _______________________