

# T.A. WOODS COMPANY

Mechanical Electrical Plumbing General Contractor

## Hot Work Permit

**Project:** \_\_\_\_\_

**Location of Work:** \_\_\_\_\_

**Date:** \_\_\_\_\_ Day: (Circle) Mon. Tues. Wed. Thur. Fri. Sat. Sun.

**Competent Person:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**This Hot Work Permit is required for any operation involving open flames or producing heat and/or sparks. This includes, but not limited to: brazing, cutting, grinding, soldering, and welding.**

Employee Name	Trade/Classification	Hours

1. *This permit is valid for this one job only.*
2. *This copy is to be posted at the site by the competent person.*
3. *TAW Site supervisor will maintain a copy.*

**Complete the following:**

Description of work: \_\_\_\_\_

List particular hazards or hazardous areas: \_\_\_\_\_

**Standard Requirements:**

Check	Required:
	<b>General:</b>
	Available sprinklers, hose streams and extinguishers are in service and operable
	Hot work equipment and tools in good working order
	<b>Requirements within 35 feet of Hot Work:</b>
	Flammable liquid, dust, lint, and oil deposits removed
	Explosive atmosphere in the area is eliminated
	Floors swept clean
	Combustible floors wet down, covered with damp sand or fire-resistant sheets
	Remove combustible materials or protect with appropriate welding pads, blankets, curtains, etc.
	Approved welding pads, blankets, and curtain installed under and around wok
	<b>Hot Work on Wall, Ceilings, or Roofs:</b>
	Combustible material on other side of wall, ceilings, roof moved away
	<b>Hot Work on Enclosed Equipment:</b>
	Enclosed equipment is cleaned of all combustible material
	Containers are purged of flammable liquids and vapors
	Pressurized vessels, piping, and equipment removed from service, energy controlled through LOTO
	<b>Fire Watch/Hot Work Area Monitoring:</b>
	Fire watch is trained in the use of equipment and sounding alarm(s)
	Fire watch provided during hot work operation and 30 minutes after work including any breaks
	<b>Other Precautions:</b>
	Welding curtains, proper ventilation, proper PPE selection/use

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_