



HOT WORK PERMIT FORM

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Date:	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Permit Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WORK DETAILS					
Business Unit:		Location:			
Description of Work:					
Type of Hot Work: <input type="checkbox"/> Open Flame <input type="checkbox"/> Non-Open Flame					
REQUIREMENTS					
Answer all questions by checking the appropriate box. IF "NO" CONDITION MUST BE CORRECTED BEFORE PERMIT ISSUED.			Yes	No	NA
1. Have alternative methods that are not hot work been evaluated for use?					
2. Are personnel wearing all required PPE?					
3. Have work practices for this task been reviewed with the workers? (Roster below.)					
4. Have all personnel in the affected area been notified? (Company, and/or outside personnel)					
5. Have impacted operations been notified? (On-site and/or off-site)					
6. Are personnel performing Covered Tasks on DOT jurisdictional pipelines OQ Qualified?					
7. Have LOTO procedures been implemented as required?					
8. Have flammable liquids and vapors within 75 feet been isolated or rendered non-explosive (for open flame hot work)?					
9. Is equipment isolated from the hot work area as necessary? (i.e., fireproof tarps, water fog, etc.)					
10. Have combustible materials within 35 feet been protected or isolated (for open flame hot work)?					
11. Is Fire Watch present and understands their duties? (Fire Watch to remain at site 30 minutes after hot work is completed).					
12. Name of Fire Watch:					
13. Is fire protection equipment properly located on-site?					
14. Type, Size and Number of fire extinguishers to be on-site:					
15. Is gas monitoring equipment being utilized?					
16. Have all hazards been mitigated? (Include Simultaneous Operations)					
HAZARDS (check all that apply)					
<input type="checkbox"/> Excavation <input type="checkbox"/> Stored Pressure/Energy <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Electricity <input type="checkbox"/> Confined Space <input type="checkbox"/> Adjacent Operations <input type="checkbox"/> Heavy Loads <input type="checkbox"/> Elevated Working Surface <input type="checkbox"/> Noise <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Weather <input type="checkbox"/> Overhead Hazards <input type="checkbox"/> Safety Systems Bypassed <input type="checkbox"/> Fall Hazard <input type="checkbox"/> _____ <input type="checkbox"/> _____					
Additional hazards and/or special precautions:					
PRE-JOB BRIEFING ROSTER (continue on back as needed)					
1.	2.	3.	4.		
5.	6.	7.	8.		
All atmospheric monitoring shall be continuous. ATMOSPHERIC MONITORING					
Active monitor Serial #:		Are initial atmospheric conditions safe? (Record below, record at least hourly, continue on back as needed.)			

