

# Ontario County Hot Work Permit

*This permit is for use on all hot work jobs (welding, cutting, burning, soldering, grinding, thawing, torch-applied roofing, powder-driven fastening, hot riveting, and similar applications creating heat, flame, or sparks) done in other than a designated hot work area covered by a long-term permit. The permit is mandatory and must be completed and authorized/signed by all persons listed below before work begins. Permit is valid only for the times indicated below and will normally expire within 24 hours. Hot work operator(s) should complete as much of this permit as possible before PAI review. Please type all entries.*

Where is work to be done? (Dept./Floor, etc.)		Work Order #	
What work is being done? (Narrative)			
Names of all hot work operators:		Check: <input type="checkbox"/> Employees <input type="checkbox"/> Contractors	
Name of hot work supervisor:		Hot work supervisor's phone number:	
Time required to do work:	Permit valid from (date/time):		to (date/time):
Fire and/or health hazards in work area:			
Precautions required before work begins:			
Firefighting equipment required:			
Fire watch required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of fire watchers required:	Fire watch to remain min. and check hrs. after work stops	
Confined Space Permit required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lockout/Tagout required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Atmospheric testing required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results of atmospheric testing: <input type="checkbox"/> N/A      %LEL      %Oxygen		Ventilation required:	
Hot Work Supervisor: <input type="checkbox"/> Alternatives to hot work have been fully explored. <input type="checkbox"/> Hot work operators qualified and certified as to competence. <input type="checkbox"/> Hazards and controls are known and understood by hot work operators. <input type="checkbox"/> All equipment being used is safe for use and in good working order.		Fire Watch: <input type="checkbox"/> I/we understand that the prevention and control of fire on this job is my only responsibility. <input type="checkbox"/> I/we understand that I/we have the authority to stop this job at any time I/we have concerns about safety. <input type="checkbox"/> Firefighting and emergency equipment necessary for this job is present, in good working order, and I/we are trained in its use. <input type="checkbox"/> Fixed fire protection (sprinklers, hose lines, etc.) has been checked and is in working order. <input type="checkbox"/> The means to sound the alarm in the event of fire are known to me/us. <input type="checkbox"/> I/we know that I/we are to remain on watch for _____ minutes after work stops and that I/we must check the work area until _____ hours after work stops.	
Signature:	Date:		
Hot Work Team: <input type="checkbox"/> I/we are trained and qualified to do this work. <input type="checkbox"/> All equipment being used is safe and in good working order. <input type="checkbox"/> PPE for all workers and observers is on hand and will be utilized. <input type="checkbox"/> I/we are wearing and will utilize clothing and PPE of fire resistant/retardant material suitable for the work. <input type="checkbox"/> All combustibles within _____ feet have been removed, covered, or otherwise protected. <input type="checkbox"/> The potential for heat transfer to other floors, spaces, materials has been examined and protected against. <input type="checkbox"/> I/we fully understand the risks of hot work operations and will adhere to this permit and stop work and contact our supervisor or the PAI in the event of any problem.		Signature: _____ Date: _____ Signature: _____ Date: _____	
Signature:	Date:	Permit Authorizing Individual (PAI): (Responsible Person) <input type="checkbox"/> Alternatives to hot work have been fully explored <input type="checkbox"/> I have discussed the job and the permit with the hot work operators and the fire watch (if assigned) and all individuals understand their responsibilities and their critical role in fire prevention <input type="checkbox"/> If problems, hazards, or concerns occur or if the job changes or if conditions in the area change, stop work and contact me at _____ <input type="checkbox"/> I have inspected the work area and the preparations made by the hot work operators and I believe that the work area is safe for hot work operations as specified in this permit.	
Signature:	Date:	Signature:	Date:
Upon completion of the job, the work area must be restored to its prior clean condition with all debris, scrap, tarps, and hot work equipment removed. This permit is to be removed from the job site and returned to the PAI for retention.			
<b>In the event of fire, immediately call <u>911</u></b>			