SSD-021

HOT WORK PERMIT

Authorize hot work only after fire hazards are controlled, required safeguards are verified, and responsible personnel are assigned.

2 Project Information		**3 Permit Number**	
5 Jobsite Location		**4 Date**	
1 Company Information		**10 Start Date and Time**	Date: _____ Time: _____
6 Description of Hot Work		**11 Expiration Date and Time**	
8 Requested By		**9 Authorized By**	

1–12 Permit and Work Information Define the work, location, schedule, equipment, and authorization limits.

7 Work Order/Reference Number and Work Area	12 Equipment to Be Used
Work order/reference: _____ Exact work area: _____ Nearby operations reviewed: ☐ Yes ☐ No Area isolated/barricaded: ☐ Yes ☐ No	☐ Welder / leads inspected ☐ Cutting torch / hoses / regulators inspected ☐ Grinder / guards / discs inspected ☐ Torch-applied roofing equipment inspected ☐ Other: _____ Fuel-gas cylinders secured and separated: ☐ Yes ☐ N/A

Permit Validity This permit applies only to the described work, location, equipment, and authorized time period.

PERMIT CONTROL	FIRE HAZARDS	COMBUSTIBLES	FIRE WATCH	MONITORING	VENTILATION / PPE
REQUIRED	Identified / controlled	Removed / protected	Assigned / equipped	Gas testing if applicable	Adequate / verified

Hot work includes welding, cutting, brazing, soldering, grinding, torch-applied roofing, or other work producing flame, heat, sparks, or hot slag.

STOP WORK if permit conditions change, safeguards fail, fire hazards cannot be controlled, gas readings are unacceptable, or the permit expires.

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23 Pre-Work Safety Checklist Verify each requirement before authorization; document deficiencies and corrective actions.

PRE-WORK SAFETY CHECK	REQUIREMENT / ACCEPTANCE CRITERIA	YES	NO	N/A	CORRECTIVE ACTION / NOTES	VERIFIED BY / TIME
1	Hot work area inspected; fire hazards identified; permit boundaries established			L:__ S:__ R:__	L:__ S:__ R:__	
2	Combustible materials removed at least the required distance or protected with approved covers/curtains			L:__ S:__ R:__	L:__ S:__ R:__	
3	Openings, penetrations, floors, walls, and opposite-side exposures protected from sparks and heat			L:__ S:__ R:__	L:__ S:__ R:__	
4	Fire extinguishers available, accessible, inspected, and appropriate for the hazards			L:__ S:__ R:__	L:__ S:__ R:__	
5	Fire watch assigned when required; personnel trained, equipped, and aware of alarm/emergency procedures			L:__ S:__ R:__	L:__ S:__ R:__	

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PRE-WORK SAFETY CHECK	REQUIREMENT / ACCEPTANCE CRITERIA	YES	NO	N/A	CORRECTIVE ACTION / NOTES	VERIFIED BY / TIME
6	Gas monitoring and ventilation requirements satisfied; readings documented where applicable			L:__ S:__ R:__	L:__ S:__ R:__	
7	Equipment, PPE, permits, communications, and post-work monitoring arrangements verified			L:__ S:__ R:__	L:__ S:__ R:__	

Mark each item Yes, No, or N/A. A No response requires correction before hot work begins unless specifically approved under applicable requirements.

Control Priority: Remove combustibles → isolate and shield exposures → provide extinguishing equipment → monitor atmosphere → assign trained fire watch → verify after work.

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13–22 Equipment, Fire Protection, Monitoring, Ventilation, and PPE

13–14 Fire Hazards Identified / Combustible Materials Removed or Protected	22 PPE Requirements
Fire hazards: _____ ☐ Combustibles removed ☐ Combustibles protected with approved covers ☐ Wall/floor openings protected ☐ Opposite-side exposures checked ☐ Sprinkler/fire detection systems remain in service ☐ Impairment authorized and alternate protection provided Other controls: _____	☐ Welding helmet / correct shade ☐ Safety glasses / goggles ☐ Face shield ☐ Flame-resistant clothing ☐ Welding gloves / heat-resistant gloves ☐ Hearing protection ☐ Protective footwear ☐ Respiratory protection (program requirements apply) ☐ Fall protection ☐ High-visibility apparel Other: _____

Fire Watch, Gas Monitoring, and Ventilation Requirements

15 Fire Watch Required (Yes/No)	☐ Yes ☐ No	**16 Fire Watch Personnel**	
17 Fire Extinguishers Available	☐ Yes ☐ No Location: _____	**Emergency Contact / Alarm Method**	
18 Gas Monitoring Required (if applicable)	☐ No ☐ Yes - readings documented below	**19 Ventilation Requirements**	☐ Natural ☐ Mechanical ☐ Local exhaust
Gas Readings / Instrument / Time		**Emergency Equipment Location**	☐ Extinguisher ☐ Hose ☐ Alarm ☐ Other

Permit References and Supporting Documents

☐ Hot work procedure / work order	☐ Equipment inspection records	☐ Gas-monitoring record	☐ Fire-watch assignment
☐ Confined-space permit (if applicable)	☐ Fire-system impairment authorization	☐ Drawings / SDS / manufacturer instructions	☐ Other: _____

Permit Change / Stop-Work Trigger

STOP WORK and reauthorize when the work scope, location, process, equipment, personnel, combustible loading, ventilation, atmosphere,

fire protection, weather, adjacent operations, or other permit conditions change; when an alarm occurs; or when the permit expires.

Do not resume until hazards are reassessed, controls are restored, and the permit is reauthorized.

Permit Extension / Revision Number		**Reauthorization Date / Time**	
Changed Condition / Additional Controls		**Reauthorized By**	

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24 Supervisor Authorization Signatures confirm pre-work conditions were inspected and required controls are in place.

AUTHORIZATION / CLOSEOUT	PRINTED NAME	SIGNATURE	DATE / TIME
Requested By			
24 Supervisor Authorization			
25 Permit Closeout			
27 Final Inspection			

25–27 Permit Closeout and Post-Work Verification: Record fire-watch checks, final inspection, and release of the area.

By signing, I confirm that I understand the authorized hot work, identified fire hazards, required controls, PPE, emergency actions, permit limits, and stop-work responsibilities.

POST-WORK FIRE WATCH CHECK / OBSERVATION	FIRE WATCH PERSONNEL	TIME	CONDITION / INITIALS
Work stopped; area inspected			
15-minute check			
26 Post-Work Fire Watch Verification (minimum 30 minutes)			
30-minute minimum check			
Extended watch - check 1			
Extended watch - check 2			
Extended watch - check 3			
Alarm / fire / smoldering condition observed? ☐ No ☐ Yes - stop, notify, and document			
Area released to normal operations			
Additional comments / incident reference			

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24 Supervisor Authorization | 25 Permit Closeout | 26 Post-Work Fire Watch Verification | 27 Final Inspection | 28 Record Retention

25 Permit Closeout	☐ Work complete ☐ Suspended ☐ Permit expired	**Closeout Date / Time**	
27 Final Inspection	☐ Area safe ☐ Additional action required	**Final Inspector / Comments**	
28 Record Retention Location / Period		**Permit Closed / Retained By**	

IMPORTANT: This permit supports hot-work control but does not replace applicable laws, fire codes, owner requirements, confined-space permits, manufacturer instructions, or competent professional judgment. The employer remains responsible for qualified authorization, effective controls, trained fire-watch personnel, required monitoring, final inspection, and record retention.

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