Permit to Work   "HOT WORK PERMIT"   Permit Number

PLANNING

A.

Location of work

Equipment to be worked on

Description of work

List WI reviewed

List additional standards reviewed

B. Period of validity (max 12 hrs.)   From: [Hrs / /]   To: [Hrs / /]

PREPARATION

C. Safety Precautions

	Y	N		Y	N		Y	N
Safety barrier & Signs			Bystander's protection					
Portable radio			Welding gloves					
Protective clothing			Respirator / dust mask					
Lifejacket / work vest			Breathing apparatus					
Fall protection equipment			Fire blanket					
Hearing protection			Fire extinguisher					
Eye protection			Fire hose					

D. Worksite Preparation

	Y	N		Y	N		Y	N
Conflict with other work			Isolation of safety critical equipment			Check boundary spaces		
PA announcement			Remove combustible material			Portable gas detector		
Electrical Isolation			Fire Watcher assigned			Gas Test Certificate		
Mechanical Isolation			Hazardous Area			Confined Space Entry		
Hydraulic Isolation			Adequate access / egress			Isolation certificate Number		

E. Special Precautions

CONTROL

F. Permit Holder
I have read, understand and will comply with all the precautions and conditions above.

Name | Signature

G. Permit Authority
I have checked permit details, protection required, worksite preparation, and special precautions, and have personally inspected the work area.

Name | Signature

H. Client Representative (if required)
I have been informed of the work covered by this permit.

Name | Signature

I. Permit Issuer
I authorize this work under the specified work precautions and conditions specified in sections C, D, & E.

Name | Signature

The Permit to Work is valid only after section I is complete.

CLOSE-OUT

J. Permit Holder
Has the work described in this permit been completed? Y N

M. Permit Issuer
I have checked the permit details and closed out the permit in accordance with the PTW procedure.

K. Permit Holder
I have inspected the worksite and confirm that it is in a safe condition.

Name

Signature

L. Permit Authority
I have inspected the worksite and confirm that it is in a safe condition.

Name

Signature

Name

Signature

The Permit to Work is cancelled only after section M is complete.

Distribution: Original to the worksite   Copy to the Permit Board   Copy to stay in Permit Book