

# Hot Work Permit

## Work Details

Permit Number\*: \_\_\_\_\_

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

Job Location\*: \_\_\_\_\_

Description of Hot Work\*: \_\_\_\_\_

Hot Work Type\*: \_\_\_\_\_ *Options: Welding, Cutting, Grinding, Soldering, Other*

Start Time\*: \_\_\_\_\_

End Time\*: \_\_\_\_\_

## Safety Controls

Isolation (OTO Applied)\*

Atmospheric Concentration (%LEL)\*: \_\_\_\_\_

Exposure Duration (minutes)\*: \_\_\_\_\_

## Authorization & Signatures

Permit Issuer Name\*: \_\_\_\_\_

Permit Issuer Signature\*: \_\_\_\_\_ (Sign above)

Permit Receiver Name\*: \_\_\_\_\_

Permit Receiver Signature\*: \_\_\_\_\_ (Sign above)

Post-work Inspection Completed\*

Inspector Name\*: *(Fill only if applicable)*  
\_\_\_\_\_

Inspector Signature\*: *(Fill only if applicable)*  
\_\_\_\_\_ (Sign above)