Contractor Logo	**Contractor Name** **PROJECT NAME**

HOT WORK PERMIT

Serial No: **DATE:**

Section – I DETAILS OF THE PERMIT RECIVER

Project / Section		Location (s)	
Permit Issuer name		Contact Number	
Permit receiver		Contact Number	
Name of the Welder		Contact Number	
Safety In charge		Contact Number	

Section – II PERMIT VALIDATIONS

Date issued & Time Issued		Valid Till		
Extended Date & Time		Valid Till		

Permit issuer should be engineer of the activity to be done
HOT work permit shall not exceed its duration for more than seven (7) days.
Work Permit shall be renewed on the Eighth (8th) day WITHOUT FAIL

Section – III PREREQUISITE

(Work May be stopped if one of the following is not complied with)

✓ for YES and X for No		Yes	No	N A	✓ for YES and X for No		Yes	No	N A
A	Flammable Materials removed from location	☐	☐	☐	**K**	Appropriate Working Platform	☐	☐	☐
B	Welding terminal insulation	☐	☐	☐	**L**	Safety/Warning Signs in place	☐	☐	☐
C	Condition of the welding cables	☐	☐	☐	**M**	Adequate Ventilation	☐	☐	☐
D	Area of work clean and dry	☐	☐	☐	**N**	Adequate illumination	☐	☐	☐
E	Appropriate Fire Extinguisher Provided	☐	☐	☐	**O**	Flash Back arrestors - Gas Cylinders	☐	☐	☐
F	Fire marshal trained in using fire extinguisher	☐	☐	☐	**P**	Cylinders Kept in trolley and secured	☐	☐	☐
G	Fire Retardant Blankets Provided	☐	☐	☐	**Q**	Regulators & Leads in good condition	☐	☐	☐
H	Fire Watch Personal	☐	☐	☐	**R**	Gas test required	☐	☐	☐
I	Area barricaded	☐	☐	☐		Area to be monitored for first hour and after three hours			
J	Appropriate PPE Provided	☐	☐	☐					

Section – IV GAS TEST Gas Tester:

Oxygen:	Hydrogen Sulfide (H2S):	Lower Explosive Limit (LEL):	CO:

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Declaration by the Permit Receiver	Name and address of employer
I _____representing ___ ____ _____ hereby declare that I have checked the location and the welder has been briefed about the hazard involve and a toolbox talk given on control measures to **ALL Hazards** involved in the activity and he will comply with the requirement. Date: ……/……/..... Name; ……. Signature;	Company Name..... Nature of Job..... P.O.Box No…… Tel.No…… Fax No…… Country ……. Contact Number (Site HSE officer)……..

Section V PERMIT APPROVAL

Work shall be carried out **ONLY** after complying with the precautions given in **Section – III** of this Permit.

The permit is valid up to _____ hrs. on ____/____/____. It has to be ensured that the employee executing the Job has a copy of the permit at all times during work. No equipments shall be left unattended at any time whatever the reason may be. All above precaution in section III to be reviewed and ensure it comply with otherwise not starts work unless changed to safe condition.

Name of the Engineer:…….. **Signature** …… **Date** ……../……../……..

PERMIT COPY DISTRIBUTION (tick appropriate boxes):

Sr. Project Manager ☐ Engineer ☐ Electrician ☐ Supervisor ☐