



CUTTING, WELDING & HOT WORK

DATE _____ 20 _____

WO# _____

AREA _____ EQUIP # _____

WORK PERFORMED: _____

FIRE PREVENTION MEASURES

1. Type of fire extinguishing method?	DCP Extinguisher (Dry Chemical Powder)	
	CO ₂ Extinguisher	
	Metal X	
	Water Hose	
2. Flammable materials removed from above, below and adjacent to Hot Work Area		YES/NA
3. Fire Watch is to ensure all hot works equipment directly involved is disconnected from the energy source when not in use.		YES/NA

NECESSARY PRECAUTIONS

1. Spark / Slag Containment in place?	YES/NA
2. Combustible materials within 35 feet radius of Hot Work removed or isolated/shielded?	YES/NA
3. All wall/floor openings covered?	YES/NA
4. Flammable liquids, dusts, lint and oily deposits removed from within 35 feet of Hot Work or isolated/shielded?	YES/NA
5. Cable & hoses protected from traffic?	YES/NA
6. All Hot Work equipment inspected and in good condition?	YES/NA
7. High risk Hot Work PTRAs has been completed?	YES/NA
8. Vessel/pipe work is constructed of mild steel, vessel/pipe work is to be purged to remove potential hydrogen pockets that may have formed. LEL testing must be conducted.	YES/NA

Fire Watch Name: _____
Print

General Hot Work Authorization Closure

As the Department Representative I declare that the General Hot Work was completed at _____ (time) 30 mins of Active Fire Watch* has been completed at _____ (time) and 30 minutes of Periodic Fire Monitoring has been completed at _____ (time.)

Restricted Hot Work Authorization Closure

As the Department Representative I declare that the Restricted Hot Work was completed at _____ (time) and 60 mins of Active Fire Watch* has been completed at _____ (time)
3 hours of additional of Periodic Fire Monitoring has begun at _____.

Fire Monitor Print Name: _____ Time: _____

Fire Monitor Print Name: _____ Time: _____

Fire Monitor Print Name: _____ Time: _____

Fire Monitor Print Name: _____ Time: _____

Fire Monitor Print Name: _____ Time: _____

As the Department Representative I declare that the Fire Monitoring* of 3 additional hours have been completed.

Dept. Representative: _____ Time: _____
(Print Name)

Hot Work Authorization

THE PERSONS DOING THIS HOT WORK JOB HAVE BEEN INSTRUCTED OF ANY SPECIAL PRECAUTIONS AND NECESSARY PROCEDURES TO BE TAKEN FOR THE SAFE COMPLETION OF THE JOB.

Print Name: _____
MAINTENANCE / CONTRACTOR PERSONNEL

Print Name: _____
PRODUCTION PERSONNEL