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| Company name: |  | Permit Number: |
| Location: |  | |

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| **Part 1 – Risk assessment and authorization** |
| **Work method assessment:** Have less hazardous methods been considered?  Yes  No  Why are less hazardous methods not being applied?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project specific work method statement:**  Will a project specific work method statement be used and copy attached?  Yes  No |
| **Work by:**  In-house staff  Contractor - name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor and Worker qualifications verified?  Yes  No |
| **Work area risk assessment**  Completed by:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:      \_\_\_\_\_\_\_\_\_\_\_   1. Work area is not a “hot work prohibited” area?  Yes  No 2. Automatic sprinkler fully operational (see note 1 on back)?  N/A  Yes  No 3. Hot work equipment is functional, secure and in good repair?  Yes  No 4. Within 10 m (35 ft) of the work area: 5. Flammable liquids removed?  Yes  No 6. Combustible materials removed or covered with fire resisting materials?  Yes  No 7. Floors swept and overhead structure clean from dust, lint, and debris?  Yes  No 8. Floor and wall openings protected against spread of sparks or embers?  Yes  No 9. Does work involve enclosed equipment? (If yes, complete items 1 to 4)  Yes  No    1. Adequate ventilation provided?  Yes  No    2. Thoroughly cleaned to remove all flammables and combustibles?  Yes  No    3. Flammable vapors purged?  Yes  No    4. Purging and ventilation verified with gas detector?  Yes  No 10. Fire watch (provided during and after hot work)     1. Number of personnel required?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     2. Location of fire watch personnel:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     3. First aid firefighting equipment to be provided:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     4. Fire watch duration (minutes) after work complete:  30  60  >60 minutes      \_\_\_   Note: 60 minute minimum for torch applied roofing   1. Additional precaution required for this job:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Authorization:**  Work method assessment approved  Work area risk assessment approved   * 1. Work location:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2. Work description:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Permit valid for work on: Date:      \_\_\_\_\_\_\_\_ Times - From:      \_\_\_\_\_ To:      \_\_\_\_\_  Specify frequency of inspections made by the Supervisor during the hot work and the fire watch:  Frequency:  Continuous 15 minutes  30 minutes  60 minutes  Other      \_\_\_\_\_\_  Authorizer name (print):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_  Authorizer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part 2 – Worker acknowledgement (completed by worker before work begins)** |
| Worker and Fire Watch been briefed on precautions and emergency procedures?  Yes  No |
| Worker name (print):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Worker signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part 3 – Periodic work area inspections (completed by supervisor during hot work and post-work fire watch period)** |
| Inspection time: \_\_\_ : \_\_\_ am / pm Work in compliance  Yes  No Initials: \_\_\_\_\_  Inspection time: \_\_\_ : \_\_\_ am / pm Work in compliance  Yes  No Initials: \_\_\_\_\_  Inspection time: \_\_\_ : \_\_\_ am / pm Work in compliance  Yes  No Initials: \_\_\_\_\_  Inspection time: \_\_\_ : \_\_\_ am / pm Work in compliance  Yes  No Initials: \_\_\_\_\_  Inspection time: \_\_\_ : \_\_\_ am / pm Work in compliance  Yes  No Initials: \_\_\_\_\_  Inspection time: \_\_\_ : \_\_\_ am / pm Work in compliance  Yes  No Initials: \_\_\_\_\_ |
| Description of any non-compliance and actions taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part 4 – Final work area inspection (completed by supervisor at end of fire watch)** |
| Time hot work ended: \_\_\_ : \_\_\_ am / pm |
| All areas where sparks or heat might have spread have been inspected with no sign of fire.  All fire alarm detectors isolated during the work have been reinstated.  Work completed in accordance with this permit. |
| Supervisor name (print):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_ Time:      \_\_\_\_\_\_  Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part 5 – Permit close out (completed by authorizer at end of fire watch)** |
| Permit closed based upon (check one):  Permit and work completed in satisfactory manner  Permit withdrawn due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorizer name (print):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_ Time:     \_\_\_\_\_  Authorizer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**WARNING**

**HOT WORK IN PROGRESS**

**WATCH FOR FIRE!**

**In case of emergency, take these actions:**

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| **Note 1: Fire protection impairments**   * Only fire alarm system smoke detectors in the immediate vicinity should be isolated to avoid unwanted alarms. * Hot work should not be permitted in any area equipped with automatic sprinklers while sprinklers are impaired. * Where hot work cannot be avoided during a sprinkler impairment, consult with Zurich before any hot work proceeds. |
| **Note 2: Fire watch**   * Maintain an uninterrupted fire watch throughout the work area and adjacent areas. * This includes during lunch, breaks, and shift changes. * After work is completed, maintain the fire watch for the timeframe indicated in Part 1 of this permit. |