

# HOT WORK PERMIT (CONSTRUCTION)

*Applies to welding, cutting, grinding, torching, soldering, brazing, and any work producing heat/flames/sparks*

## 1. Project & Permit Information

Project Name		Jobsite Address	
Employer / Hot Work Contractor		Controlling Contractor / GC	
Permit No.		Date	
Work Location (Floor/Room/Area)		Hot Work Type	<input type="checkbox"/> Welding <input type="checkbox"/> Cutting <input type="checkbox"/> Grinding <input type="checkbox"/> Torch <input type="checkbox"/> Other: _____
Permit Start Time		Permit Expiration Time	
Description of Work / Equipment Used		Fire Watch Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Pre-Work Safety Checklist (Complete BEFORE hot work begins)

Item	Status	Notes / Actions
Area inspected and approved for hot work	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Combustible/flammable materials removed within 35 ft (or protected)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Floors swept clean of combustible debris (dust, trash, wood, packaging)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Openings/cracks in floors/walls covered to prevent spark travel	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Combustible construction/insulation protected or removed	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Fire-resistant blankets/curtains in place (if needed)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Work area properly barricaded and signage posted	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Fire extinguisher(s) present, charged, and	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	

accessible (min 2A:10BC)		
Sprinkler/fire protection systems in service (or impairment authorized)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Smoke detectors/alarms protected as required (without disabling safety)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Ventilation adequate to control fumes and smoke	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Atmospheric hazards evaluated (if applicable)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Compressed gas cylinders secured upright and caps in place when not in use	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
Hoses/leads inspected; equipment in good condition	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	
PPE verified (eye/face, gloves, FR clothing, hearing, respiratory as needed)	<input type="checkbox"/> OK <input type="checkbox"/> N/A <input type="checkbox"/> Corrected	

### 3. Fire Watch Requirements (if required)

Fire Watch Name	_____
Company	_____
Fire Watch Trained & Briefed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Watch Start Time	_____
Fire Watch End Time (min 30 min after work)	_____
Fire Watch Equipment	<input type="checkbox"/> Extinguisher <input type="checkbox"/> Radio/Phone <input type="checkbox"/> Water source <input type="checkbox"/> Other: _____

### 4. Additional Controls / Permits (Check if applicable)

Confined Space Entry involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, separate Confined Space Entry Permit required.
Work at Height involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Fall protection required per site plan.
Roof work involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Verify site-specific roof fall protection rules.
Electrical work involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Verify de-energized / LOTO requirements.
Near flammable storage / laydown area?	<input type="checkbox"/> Yes <input type="checkbox"/> No Verify relocation and controls.
Near public protection zone/debris netting area?	<input type="checkbox"/> Yes <input type="checkbox"/> No Verify barricades and overhead protection.
Smoke/odor may impact	<input type="checkbox"/> Yes <input type="checkbox"/> No Notify GC; implement

occupants/public?	controls.
Special Notes / Controls	_____

## 5. Authorization, Monitoring & Closeout

Pre-Job Briefing Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Issued By (Hot Work Supervisor)	Name: _____ Signature: _____ Time: _____
Permit Approved By (Controlling Contractor/GC)	Name: _____ Signature: _____ Time: _____
Work Completed Time	_____
Area Inspected After Completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Watch Completed Required Duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration: _____ minutes
Permit Closed By	Name: _____ Signature: _____ Time: _____
Reason for Cancellation / Notes (if cancelled)	_____

**IMPORTANT:** This permit must be posted at the hot work location during the work activity and retained per project requirements.

This form is a template intended to support compliance with OSHA construction standards and common fire prevention practices. Employers must ensure all required training, PPE, and controls are in place before beginning hot work.