



SRP Hot Work Permit

Life-Threatening Emergencies, Dial 911; All Other Emergencies, Dial Ext. 6-5305

WARNING!

HOT WORK IN PROGRESS. WATCH FOR FIRE!

IN CASE OF AN EMERGENCY, CALL:

Valley	911
CGS	7-5656

WARNING!

THIS PERMIT IS VALID ONLY FOR THE DAY IT IS DATED

**SRP Hot Work Permit**

PERMIT # _____ (optional)

CLEARANCE # _____ (optional)

★ Please be sure that all options have been explored to eliminate the need for a Hot Work Permit such as alternative tooling, etc.

Life-Threatening Emergencies, Dial 911; All Other Emergencies, Dial Ext. 6-5305

All temporary operations involving open flames or producing heat and/or sparks require a Hot Work Permit. This includes, but is not limited to, brazing, cutting, grinding, soldering, thawing and welding.

INSTRUCTIONS FOR PERMIT-AUTHORIZING INDIVIDUAL:

1. Verify precautions listed on right (or do not proceed with the work).
2. Fill out the permit completely.
3. Post the permit in the vicinity of hot work while in effect.

DATE _____ WORK ORDER NUMBER _____

LOCATION/BUILDING AND FLOOR (BE SPECIFIC) _____

DESCRIPTION OF WORK BEING PERFORMED _____

NAME OF PERSON DOING HOT WORK (PLEASE PRINT) _____

The above location has been examined, the precautions checked on the Hot Work Checklist have been taken to prevent fire, and permission has been authorized for this work.

SIGNED _____ (PERMIT-AUTHORIZING INDIVIDUAL)

SIGNED _____ (WORKER PERFORMING HOT WORK)

SIGNED _____ (FIRE WATCH)

TIME STARTED: _____ : _____ ☐ A.M.
DATE _____ TIME _____ ☐ P.M.TIME ENDED: _____ : _____ ☐ A.M.
DATE _____ TIME _____ ☐ P.M.

★ Not to exceed 24 hours ★

HOT WORK AUTHORIZED: ☐ YES ☐ NO**HOT WORK COMPLETE:**

Work area has been cleared; no fire hazards remain.

TIME COMPLETED: _____ : _____ ☐ A.M.
DATE _____ TIME _____ ☐ P.M.

Supervisors or Operations representatives have been notified.

SIGNED _____

FINAL CHECKUP (minimum 60 minutes after hot work only if fire watch is required): Work area was monitored for _____ hour(s) following hot work; no fire hazards remain.

SIGNED _____

PERMIT TRANSFER:TRANSFER TO _____ : _____ ☐ A.M.
DATE _____ TIME _____ ☐ P.M.**OK HOT WORK CHECKLIST N/A**

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Sprinklers and hose streams in service/operable | <input type="checkbox"/> |
| <input type="checkbox"/> | Hot work equipment in good condition (e.g., power source, welding leads and torches) | <input type="checkbox"/> |
| <input type="checkbox"/> | Backflow and Flash Arrestor safety devices have been installed | <input type="checkbox"/> |
| <input type="checkbox"/> | Appropriate fire extinguisher (minimum 3A-40BC) and employees trained in its use | <input type="checkbox"/> |
| <input type="checkbox"/> | Work area shielded and/or barricaded | <input type="checkbox"/> |
| <input type="checkbox"/> | Adequate ventilation or ventilation equipment required | <input type="checkbox"/> |
| <input type="checkbox"/> | Adjacent personnel notified of hot work | <input type="checkbox"/> |
| <input type="checkbox"/> | Overhead areas clear of coal dust (CGS) | <input type="checkbox"/> |

REQUIREMENTS WITHIN 35 FEET OF WORK

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Dust, lint, debris, flammable liquid and oily deposits removed; floors swept clean | <input type="checkbox"/> |
| <input type="checkbox"/> | Explosive atmosphere in area eliminated | <input type="checkbox"/> |
| <input type="checkbox"/> | Combustible floors (e.g., wood, tile and carpeting) wet down and covered with damp sand or fire blankets | <input type="checkbox"/> |
| <input type="checkbox"/> | Flammable and combustible materials removed where possible, otherwise protected with fire blankets, guards or metal shields | <input type="checkbox"/> |
| <input type="checkbox"/> | All wall and floor openings covered | <input type="checkbox"/> |
| <input type="checkbox"/> | Walkways protected beneath hot work | <input type="checkbox"/> |

WORK ON WALLS OR CEILINGS

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Combustibles moved away from other side of wall | <input type="checkbox"/> |
|--------------------------|---|--------------------------|

WORK IN CONFINED SPACE

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Confined space cleaned of combustibles (e.g., grease, oil and flammable vapors) | <input type="checkbox"/> |
| <input type="checkbox"/> | Containers purged of flammable liquids/vapors | <input type="checkbox"/> |
| <input type="checkbox"/> | Follow confined-space guidelines | <input type="checkbox"/> |

FIRE WATCH/HOT WORK AREA MONITORING

FIRE WATCH REQUIRED: ☐ YES ☐ NO

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Fire watch will be provided during and for 60 minutes after work, including any coffee or lunch breaks | <input type="checkbox"/> |
| <input type="checkbox"/> | Fire watch is supplied with a minimum 3A-40BC rated extinguisher and makes use of other extinguishers located throughout work area | <input type="checkbox"/> |
| <input type="checkbox"/> | Fire watch is trained in use of this equipment (fire extinguisher) and familiar with location of sounding fire alarm | <input type="checkbox"/> |
| <input type="checkbox"/> | Fire watch may be required for opposite side of walls, above and below floors, and ceilings | <input type="checkbox"/> |

IMPORTANT NOTICE TO CONTRACTOR

By issuing this Hot Work Permit, SRP makes no guarantee and assumes no responsibility as to safety or liability. This permit is not intended to replace or supersede the contractor's safety procedure or contractual obligations. Contractors performing hot work under this permit are responsible for performing the contracted work in conformance with all environmental, health and safety laws, regulations, and good industry and workmanship standards. It is the contractor's responsibility to independently ensure that all necessary safety and fire prevention measures are taken in compliance with all statutory, regulatory, and industry standards and requirements regarding occupational health and safety when operating under this Hot Work Permit.

NAME OF CONTRACTOR'S REPRESENTATIVE _____

NAME OF CONTRACTING FIRM _____

CONTRACTOR'S SIGNATURE AND DATE _____