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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CAP Logo Color.png*Special Hot Work Permit* (*for* use outside of designated welding areas) | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | *Click here to enter a date.* | | | | | | | | | | | | | | Contract # | | | *Click here to enter text.* | | | |
| Entity performing work: | | | | | | | | | | | *Click here to enter text.* | | | | | | | | | | | |
| Location: | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | |
| Confined Space Location: | | | | | | | | | | | | | *Click here to enter text.* | | | | | | | | | |
| C.S. Permit Number: | | | | | | | | | *Click here to enter text.* | | | | | | | | | | | C.S. Not applicable | |  |
| Type of Work | | | | | | | | | | | | | | | | | | | | | | |
| Welding / Brazing | | | | | | | | Cutting | | | | | | Grinding | | | Drilling | Vegetation  Burning | | | Other (describe  in comments) | |
| Cad Welding | | | | | | | |
| Permit Conditions | | | | | | | | | | | | | | | | | | | | | | |
| Yes No N/A | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | Fire Watch (minimum 30 minutes after completion of work)  Emergency procedure training  Sprinkler system in service  Flammable/combustibles a minimum distance of 35 feet from work area  All non-moveable combustibles at least 30 feet away, floor/wall openings covered  Area tested for explosive atmosphere  ABC Fire extinguisher | | | | | | | | | | | | | | | |
| Special precautions: | | | | | | | | *Click here to enter text.* | | | | | | | |
| Inspector authorization: | | | | | | | | | | | | *Click here to enter text.* | | | | | | | | | | |
| Hot worker(s): | | | | | | | *Click here to enter text.* | | | | | | | | | | | | | | | |
| Fire watch: | | | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | |
| Hot worker(s) sign off: | | | | | | | | | | *Click here to enter text.* | | | | | | | | | | | | |
| Time started: | | | | | | *Click here to enter text.* | | | | | | | | | | Time finished: | | | | *Click here to enter text.* | | |
| Fire watch(s) sign off: | | | | | | | | | *Click here to enter text.* | | | | | | | | | | | | | |
| Time started: | | | | | | *Click here to enter text.* | | | | | | | | | | Time finished: | | | | *Click here to enter text.* | | |
| Comments: | | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | |