

Hot Work Permit No. _____

ABC Biofuel Company

NO WORK IS ALLOWED EXCEPT THAT WHICH IS SHOWN ON THIS PERMIT

Date of Issue: _____ Time Issued: _____

Time Permit Expires: _____

Equipment involved in Hot Work: _____

Description of Hot Work to be done:

Location: _____ Department Doing Work: _____

Personnel involved in Hot Work: _____

	Yes	No	Initials
1. Has the equipment/line been thoroughly cleaned and purged? Cleansed by: _____			_____
2. Is equipment isolated and tagged?			_____
3. Have electrical switches been locked out and tagged?			_____
4. Are blinds in place?			_____
5. Lock out / tag out in place?			_____
6. Combustible gas meter reading in work area: _____			_____
7. Is work area thoroughly ventilated?			_____
8. Fire Watch duty assignment: _____			_____
9. Are all sewers protected from falling sparks?			_____
10. Are all combustibles in the work area protected from falling sparks?			_____
11. Have combustible waste materials been removed from the area?			_____
12. What fire protection is on hand at work site? (Type of fire extinguisher) _____			_____
13. What departments have been advised of Hot Work? _____			_____
14. Has the equipment/line been inspected to ensure all parts are free of hazardous materials?			_____
15. List required PPE being used in work area. _____ _____			_____
16. Has a joint inspection of the work site been conducted with Maintenance? Maintenance Personnel: _____			_____

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17. Do unit and atmospheric conditions permit safe work?			_____
18. Is permit receiver aware of MSDS for materials previously contained in equipment/line?			_____
19. Are combustible gas tests required during the job progress?			_____
20.[Insert site/process specific questions here]			
21.[Insert site/process specific questions here]			
..... [Insert site/process specific questions here]			

AGREEMENT: I HAVE CHECKED BOTH THE PERMIT AND THE WORK TO BE DONE. I UNDERSTAND THE NATURE AND EXTENT OF THE WORK. I UNDERSTAND THE PRECAUTIONS TO BE FOLLOWED IN COMPLETING THE WORK. I UNDERSTAND THE WORK IS NOT COMPLETED UNTIL OPERATIONS HAS SIGNED OFF ON COMPLETION OF THE WORK.

Permit Issued by: _____ Job Title: _____ Time: _____

Permit received by: _____ Job Title: _____ Time: _____

PERMIT WORK COMPLETED and Inspection of Work Completed:

Work Complete : _____ Job Title: _____ Time: _____

Permit Issuer: _____ Job Title: _____ Time: _____

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