

24 East Washington  
HOT WORK PERMIT

DATE OF NOTICE \_\_\_\_\_

DATE OF SHUTDOWN \_\_\_\_\_

SYSTEM TO BE WORKED ON \_\_\_\_\_

FLOORS AFFECTED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR SHUTDOWN \_\_\_\_\_  
\_\_\_\_\_

|                   |       |
|-------------------|-------|
| <b>CONTRACTOR</b> |       |
| CONTACT NAME      | _____ |
| CONTACT SIGNATURE | _____ |
| PHONE #           | _____ |
| PAGER/CELL PHONE  | _____ |

TIME OF PERMIT \_\_\_\_\_

TIME PERMIT EXPIRES \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contractor attests that the necessary precautions including, but not limited to:**

*Check all that apply, or indicate NA*

- \_\_\_\_\_ Combustibles eliminated or otherwise safe guarded within 35 Ft
- \_\_\_\_\_ Floor penetrations properly protected
- \_\_\_\_\_ Required fire protection, detection and alarms systems are functional
- \_\_\_\_\_ Hot work equipment is in good repair
- \_\_\_\_\_ Adequate portable extinguishing equipment has been provided
- \_\_\_\_\_ dedicated fire watch during the hot work operation
- \_\_\_\_\_ Area monitored after completion for a period of one hour.
- \_\_\_\_\_ Area checked 4 hours after completion.

**Circle as applicable.**

|          |          |              |          |
|----------|----------|--------------|----------|
| TAG OUT  | YES / NO | DOCK ACCESS  | YES / NO |
| SECURITY | YES / NO | FIRE DEPT    | YES / NO |
|          |          | INSURANCE CO | YES / NO |

|  |                                      |
|--|--------------------------------------|
| <b>APPROVED BY</b>                     |                                      |
| <i>Chief Engineer or Manager Only.</i> | _____                                |
|  | Print Name                           |
|  | _____                                |
|  | Signature of Managing Agent Approver |