# **Hot Work Permit**

Construction

# COMPLETION OF INSPECTION Time of post activity inspection Date of post activity inspection Date 2017-01-01

### **CONTROL MEASURES**

| Has the fire equipment checked properly and fit to use?                               |
|---|
| Will the task be impacted by weather conditions? What extra precautions will you use? |
| Is the fire load reduced or protected?<br>Yes No Na                                   |
| Additional details:   |

## DETAILS OF WEATHER CONDITIONS

Describe the precautions to be taken if there is an impact on work due to wind or excessive heat or thunderstorms or rains

## FIRE FIGHTING EQUIPMENTS

Sand bucket

Fire extinguisher

Fire blanket

Others

## FIRE WATCH, IF REQUIRED

Describe how fire watch will be deployed

Employee responsible for fire watch

### HOT WORK PERMIT

Name of company requesting permit:

Address:

| Contact details:      |      |
|-----------------------|------|
|                       |      |
|                       |      |
| Hot work details:     |      |
|                       |      |
|                       |      |
| Date of permit issue: | DATE |
| 2017-01-01            |      |
|                       |      |
| Permit active till:   | DATE |
| 2017-01-01            |      |
|                       |      |
| Permit issued to:     |      |
|                       |      |