

## **Hot Work Permit**

**Section D** 

Chapter 15 Part A

Version: 6

Facility:			Date:_			Per	mit Start Tim	e:	am/pm
Work Location (be specific):						Per	mit End Time	e:	am/pm
Name(s) and Company of Pe	ersonnel invol	lved with wor	k:		(Separ	ate Permit Requir	ed for Each Job	Not to Excee	d 12 hrs.)
Name/Company	Name	Name/Company Name/Company				Name/Company			
Describe Hot Work to be Pe	erformed and	Special Preca	utions (be spe	cific):					
Check all ignition sources		_			_				Cameras
☐ Heat/Spark Producing	Tools/Equipr	nent 🗌 Hot C	Oil or Vacuum	Truck Ste	eaming Equ	ipment 🗌 Veh	icle 🗌 Othe	er	
The person authorizing wo	ork shall com	plete the follo	owing checkli	st:					
Items to be Reviewed								Yes or N/A	Initial
1. Has Welder(s) certification(s) been checked and verified?									
2. Area inspected for potential fire and explosion hazards?									
3. Has all welding and burning equipment been inspected and is in safe condition?									
4. Has a skilled, trained and knowledgeable Fire Watch been established? <b>Note:</b> Fire Watch must remain 30 minutes after hot work ends. <b>Permit End Time</b> must include these additional 30 minutes.									
						entified?			
<ul><li>5. Have all personnel involved or affected by Hot Work been notified and general alarm identified?</li><li>6. Is adequate fire extinguishing equipment readily available for use?</li></ul>									
7. Is all piping isolated from system, gas free and depressurized?									
8. Has all affected equipment been properly isolated, locked and tagged (LO/TO)?									
9. Have all deck drains, penetrations, pits and sumps in the area been checked, isolated and sealed?									
10. Are all floors and drip									
<ul><li>11. Is a calibrated portable gas detector available and ready for use?</li><li>12. Is a designated person assigned to monitor the produced water overboard discharge points that are near the work</li></ul>									
area, if applicable?	assigned to r	nonitor the pr	oduced water	overboard di	scnarge poi	nts that are near	r tne work		
	nducted with	in 10 ft of the	well bay, hay	ve all producii	ng wells in t	that well bay be	en shut-in?		
13. If Hot Work is to be conducted within 10 ft. of the well bay, have all producing wells in that well bay been shut-in?  14. If Hot Work is to be conducted within 10 ft. of a production area, have all production equip. in that area be shut-in?									
15. If Hot Work is to cond									
on the same level or be									
Relocate equipment a			ding or burnii	ng area.					
<ul><li>Protect equipment with flameproof covers.</li><li>Shield equipment with metal or fire resistant guards/curtains.</li></ul>									
			arus/ curtairis	•					
<ul> <li>Render the flammable substances inert.</li> <li>16. Has Job Safety Analysis (JSA) been completed and reviewed?</li> </ul>									
17. Has a safety meeting b				el?					
Combustible Gas Meter Check	c: Model:		Serial#:			Bump T	est Results:		% LEL
Continuous Testing: (record re	sults below, us	se another page	if necessary) H	ot Work is not	allowed if th	e LEL is above 10 <sup>o</sup>	% LEL		
Time/LEL Time/LEL	Time/LEL	Time/LEL	Time/LEL	Time/LEL	Time/LEL	Time/LEL	Time/LEL	Time/LEL	_
							<u> </u>		
The undersigned have reviewed these conditions change.	ed the above in	formation and v	will comply wit	th the condition	is set forth b	y this permit. The	y understand t	hat the permit	is void if
8		•			/ \ . <del></del>				
Fire Watch(s) (Print): 1		2		Signat	ure(s): 1		2		
Approval Signatures:	F1 NJ / 7	:t)-				Comme			
Immediate Supervisor of Job/Task: Name (Print): Company:									
Signature: Date:									
Facility Person in Charge (PIC) or Consultant (Print):						Company:			
Signature:						Date:			
orginatureDate;									

A copy of the signed and completed Hot Work permit must be available at the work site at all times and kept on file.

REV: October 2011