HOT-WORK PERMIT

For use of this form, see AR 420-1; the proponent agency is ACSIM.

1. LOCATION	2. DATE	3. PERMIT NO.
4. TYPE OF WORK	5. START TIME	6. FINISH TIME
7.a. NAME OF PERSON RESPONSIBLE FOR HOT-WORK AT JOB SITE *(Contractor/Government Employee)*	7.b. SIGNATURE	

PRECAUTIONS BEFORE OPERATIONS

CHECKLIST	CHECK ONE	
	YES	NO
8. Did Fire Department Inspector inspect site?	☐	☐
9. Are there procedures for Fire Department emergency notification? *(Emergency No.)*	☐	☐
10. Are combustibles in area noted?	☐	☐
11. Should combustibles be covered? *(If yes, note in remarks)*	☐	☐
12. Are proper extinguishers on hand?	☐	☐
13. Is wet-down necessary? *(If yes, note in remarks)*	☐	☐
14. Is smoking permissible at work sites?	☐	☐
15. Is continuous fire watch required?	☐	☐
16. Is Fire Department standby required?	☐	☐
17. Are other precautions required? *(If yes, note in remarks)*	☐	☐
18.a. FIRE DEPARTMENT INSPECTOR'S SIGNATURE	18.b. DATE	

PRECAUTIONS AFTER OPERATIONS

CHECKLIST	CHECK ONE	
	YES	NO
19.a. Was Fire Department notified after hot-work operation was completed?	☐	☐
19.b. Time:		
20.a. Did Fire Department inspector inspect work site?	☐	☐
20.b. Time:		
21. Are after work conditions safe? *(If no, note in remarks)*	☐	☐
22. Are heat producing devices safe if left at work site?	☐	☐
23.a. FIRE DEPARTMENT INSPECTOR'S SIGNATURE	23.b. DATE	

24. REMARKS

NOTE: PERMIT VALID ON DAY OF OPERATION AT ONE LOCATION ONLY