



HOT WORK PERMIT

Date Submitted:	Applicant Name:
Permit Holder Company Name:	Applicant Signature:
Date and Time Start:	Project Name:

Location of Work Zone:
Scope of Work:

Note: The following section of this permit must be completed by the applicant and signed by the ArriVa Commercial Board before work is to proceed and only work listed may be completed.

The following **equipment** will be used during the works (all tools/equipment to be in good working order and for its use):

<input type="checkbox"/> Torching	<input type="checkbox"/> Excessive Grinding	<input type="checkbox"/> Brazing
<input type="checkbox"/> Soldering	<input type="checkbox"/> Welding	
Other (Please Specify):		

The following services have been **isolated** for the duration of works:

<input type="checkbox"/> Smoke/Thermal	<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Pipes/Valves	<input type="checkbox"/> Electrical
<input type="checkbox"/> Tanks/Vessels	<input type="checkbox"/> Combustibles	<input type="checkbox"/> Liquids	<input type="checkbox"/> Vapor Consideration
<input type="checkbox"/> Materials	<input type="checkbox"/> Debris	<input type="checkbox"/> Ducts	<input type="checkbox"/> Seals
Other (Please Specify):			

The following **control measures** have been implemented for the duration of the works:

<input type="checkbox"/> Spotter/Stand by Designate	<input type="checkbox"/> Spark/Flash Screens	<input type="checkbox"/> Barricades/Work Area Controls
<input type="checkbox"/> Fire Extinguisher (ABC)	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Smoke Evacuator
<input type="checkbox"/> Hazard Assessment	<input type="checkbox"/> Fall Zones Below	
Other (Please Specify):		

The following **environmental** factors have been assessed and are suitable for the works:

<input type="checkbox"/> Fall Zones Below	<input type="checkbox"/> Fall Zones Below	<input type="checkbox"/> Fall Zones Below
<input type="checkbox"/> Fall Zones Below	<input type="checkbox"/> Fall Zones Below	<input type="checkbox"/> Fall Zones Below

The length of time for the **Fire Watch** after the work is complete:

<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> One Hour	<input type="checkbox"/> 2 Hours
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☐ **FIRE EMERGENCY RESPONSE PLAN COMMUNICATED-** The fire safety response has been reviewed directly with contracting staff performing the work including measures to be taken to extinguish fire, notify authorities (911) or building security, worksite alarms, reporting procedures.

For Board Use (Do not fill in)

APPROVAL

CCN 1014767

Signature

Name

MUST BE POSTED AT WORK SITE