|  |
| --- |
| **Section I: Hot Work Permit Supervisor Request** |
| Start Date:  | Start Time:  | Ship / Vessel:  | Vessel Location:  |
| Compartment Name: |   | Compartment Type:Compartment Location:Piping System: | [ ]  Confined [ ]  Deck[ ]  Upper LVL | [ ]  Enclosed[ ]  Bulkhead[ ]  Mid LVL  | [ ]  Open[ ]  OVHD[ ]  Lower LVL | [ ] Stanchion |
| Compartment #: |   |
| Ship’s Contract #: |   | CMC Cert./SCP Log required in Space or Adjacent Space or System? | **[ ]**  Yes **[ ]**  No  |
| Ship’s Item #: |   | Safety/Certified Marine Chemist (CMC)/Shipyard Competent Person (SCP) Instructions/Gas Free Scope & Log:  |
| Work Authorization Form (WAF) Required? | **[ ]**  Yes **[ ]**  No |
| Adjacent/Affected Spaces, Name & Compartment Numbers:  | **Current Gas Free Status** | **Enter with Restrictions?** | **Type of Work** |
| [ ]  Not Required[ ]  Safe for Workers [ ]  Not Safe for Workers[ ]  Safe for Hot Work | [ ]  Inerted Atmosphere[ ]  Enter with Restrictions[ ]  Not Safe for Hot Work[ ]  Limited Hot Work | List Restrictions:  | [ ]  Grinding[ ]  Brazing[ ]  Welding[ ]  Stainless Welding | [ ]  Air Arcing[ ]  Plasma Cutting [ ]  Other (list below):  |
| Scope of Work:  |
| Supv Name:  | Supv Signature:  | Supv Badge:  | Supv Phone #:  |
| **Section II: Ship’s Force Notification Acknowledgement** | Signature:  | Date:  |
| **Section III: HWO/FW/PAI/ Shift Condition Verification** |
| **[III.A] HWO to complete, Each FW to validate, and PAI/HWS to verify conditions 1-10 below prior to the start of hot work.** |
| 1. Compliant fire extinguisher(s) [sealed, pinned, tagged, & charged].
2. Combustibles cleared 35FT/flammable liquids 50 FT (fire-retardant containment placed).
3. NO hot work w/in 50’ of dust collectors/*associated hoses*, fuel cells or flammable liquid storage lockers.
4. Verify SCP log has been updated daily or as often as necessary to maintain atmospheric conditions.
5. MCC / Gas Free Log / Gas Free Work Scope specified, read & verified by each HWO & FW.
6. Qualified FW assigned (must have proof of qualification and be identified as FW).
7. HWO has ensured FW has immediate access, and established communications.
8. Ensure proper working ventilation established in all required / affected areas.
9. Paint (4” min.)/Lagging (12” min.) removed from hot work on all affected surfaces/covered.
10. HWO verifies approved Work Authorization Form (WAF) posted for hot work (if required).
 | **For any UNSAT condition, list comments below:**  |
| **[III.B] All Fire Watches: 1) Verify conditions of III.A. 2) Fill in the rows below.** | **SIGN 1st**  |
| **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** | **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** | **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **[III.C] Hot Work Operator: 1) Verify conditions of III.A. 2) Fill in the rows below.** | **SIGN 2nd**  |
| **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** | **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** | **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **[III.D] Permit Authorizing Individual: 1) Verify conditions of III.A. 2) Fill in the rows below to authorize the start of hot work.** | **SIGN 3rd**  |
| **Shift** | **Name (Last, First)** | **Badge #** | **Initial** | **Time** | **Comments**  |
| **1** |   |   |   |   |   |
| **2** |   |   |   |   |   |
| **3** |   |   |   |   |   |
| **Section IV: Surveillance by Permit Authorized Individual (PAI)** |
| **Shift** | **Name (Last, First)** | **Badge #** | **Signature** | **Time** | **Shift** | **Name (Last, First)** | **Badge #** | **Signature** | **Time** | **Comments:**   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **Section V: End of Shift Inspection (PAI or HWS)**  |
| ***An inspection of the area must be conducted 30 min. after completion of the hot work. This is the final action required to close this permit [1915.504(c)(2)(iv)]. Remain in the area for at least 30 minutes after completion of the hot work, unless the employer or its rep. surveys the area and determines that there is no further fire hazard.*** |
| **Shift** | **Signature** | **Date** | **Time** | **Comments** |
| **1** |   |   |   |   |
| **2** |   |   |   |   |
| **3** |   |   |   |   |
| **Section VI: Permit Closure** |
| **PAI or HWS Signature:** |   | This section closes out the Hot Work Permit. Once signed, the permit shall be removed and retained in accordance with Company procedures. |