

HOT WORK PERMIT

1. Control Number

THIS PERMIT IS GOOD FOR 24 HOURS ONLY

2. Date / Time Issued 3. Date / Time Expires 4. Organization/Contractor/Company (Name and Contact Information)

5. Location ☐ Facility # _____ ☐ Floor # _____ ☐ Aircraft Tail # _____ ☐ Inside Hangar ☐ Outside Hangar

☐ Munitions present (Requires approval from installation Weapons Safety [SEW] Office) SEW Signature / Date (If required)

☐ Other:

6. Description of Work

7. Is Fire Watch Required? See requirements on back of form

☐ Yes ☐ No If yes, Name of individual qualified to make determination:

8. Before approving any Hot Work Permit, the Permit Authorizing Individual (PAI) shall inspect the work area and confirm precautions have been taken to prevent fire IAW AFI 91-203 and NFPA 51B. (PAI will be certified and trained by the installation FES flight)

- ☐ Sprinklers in service ☐ Adequate ventilation ☐ Hot work equipment in good repair ☐ Pressure cylinders are secured properly
- ☐ Portable fire extinguisher(s) are in immediate work area (Minimum rated 2A:10B:C, consult with installation CEF Flight for additional guidance [i.e. aircraft])
- ☐ Explosive atmosphere eliminated and flammable liquids, vapors and gases moved 50ft (16m) away from operation
- ☐ Remove combustibles, sweep floors clean of combustibles, and cover wall and floor openings within 35 feet of hot work where possible.
- ☐ Otherwise protect with fire-resistant tarpaulins or metal shields
- ☐ Appropriate shields are used
- ☐ Combustible floors wet down, covered with damp sand or fire-resistant shields
- ☐ If work is to be performed in a confined space, coordinate with SEG/BE/CEF & attach to the AF Form 1024, Confined Space Entry Permit

SEG Signature / Date (If required)

BE Signature / Date (If required)

FES Signature / Date (If required)

☐ Any special precautions needed:

9. The location where the work is to be performed has been examined, necessary precautions taken and permission is granted for stated work.

PAI Name

Contact Info

Signature / Date

10. I am fully qualified to perform this operation, understand my responsibilities and my equipment meets all requirements as outlined in AFI 91-203 and NFPA 51B.

Operator or On-scene Supervisor

Contact Info

Signature / Date

11. Has this process been evaluated by installation BE? (As required: confined space, survey reports, PPE, etc.) If "Yes," attach documentation (BE Survey Report, PPE List, etc.). If "No," obtain BE coordination below.

N/A BE Name & Duty Title

Contact Info

Signature / Date

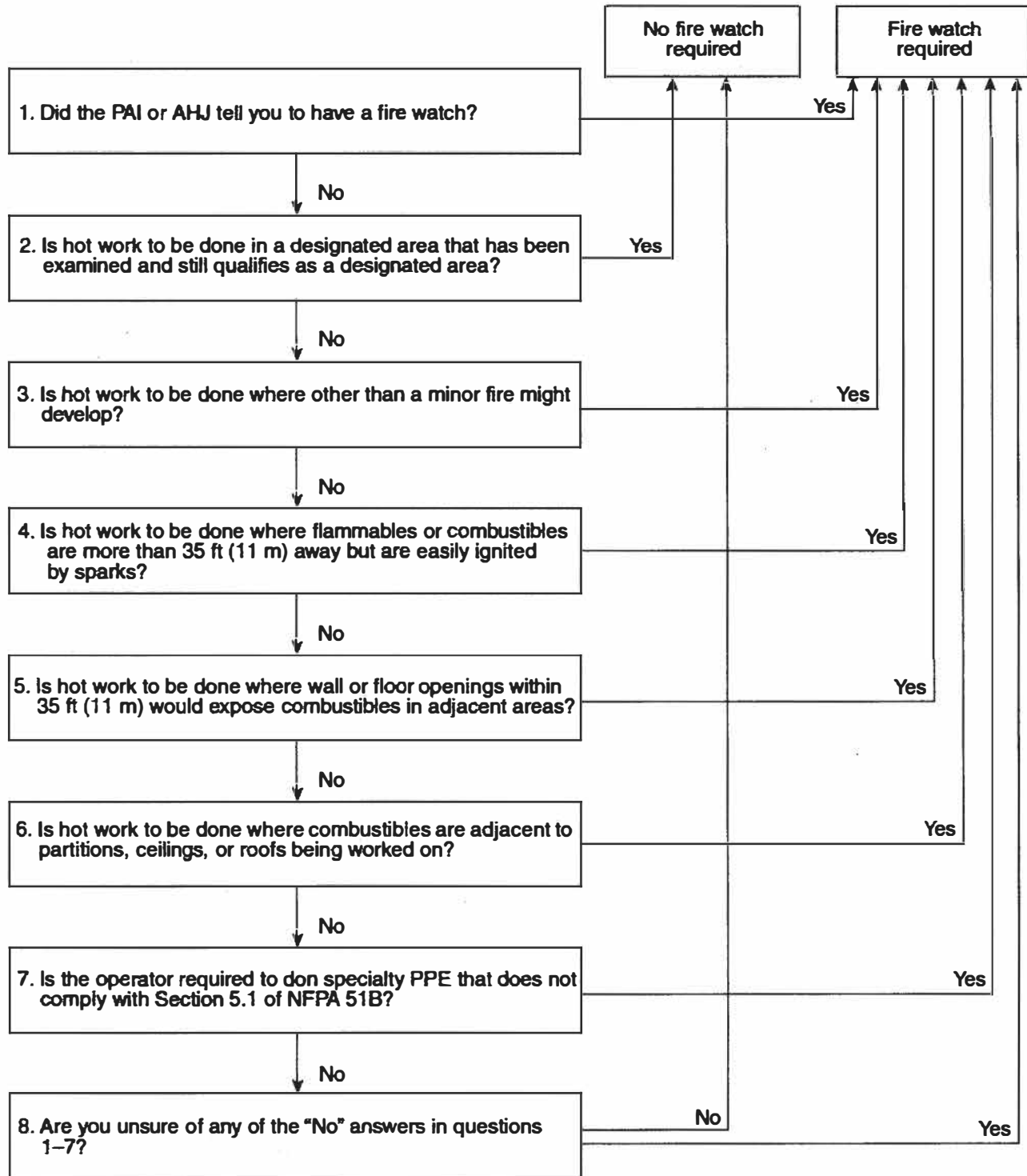
12. FINAL CHECK (FIRE WATCH): Work area and all adjacent areas to which sparks and heat might spread, including floors above and below and opposite side of walls, were inspected at least 30 minutes after the work was completed but no later than 60 minutes after the work was completed and determined to be fire safe.

Operator or On-scene Supervisor & Duty Title

Contact Info

Signature / Date / Time

From NFPA 51B, 2014 Edition, A.5.5.1, *Conditions Requiring a Fire Watch*



13. Additional Information