

CONFINED SPACE HOT WORK PERMIT

Hot Work Permit Number: _____Confined Space Entry Permit Number (required):

This Hot Work Permit is to be attached to the Confined Space Entry Permit.

Date: _____ Time: _____ Shift: _____ Duration of Permit (required): _____

Issued to: _____ Department: _____

Location of work:

Description of Work:

PRECAUTIONS	
Atmosphere Tested Acceptable? YES NO	
N/A	
Combustibles Removed/Covered? YES NO	
N/A	
Fire Extinguisher Available? YES NO	
Other:	

Workers	, and	(If
Entrants, MUST also be listed on C	onfined Space Entry Permit AND Entrant Roster.)	

Contractor agrees to ensure that all Hot Work requirements, including safety, are followed. (If contractor is doing work.)

Contractor Rep	_ Company:
Date/Time:	

I have checked each step in preparing to do this work and am satisfied that this permit accurately represents the steps taken to ensure safe Hot Work.

JMU Facilities Management Supervisor:			
	Printed	Signature	
Date/Time:		-	
This "Hot Work" Permit is CANCELED:			

By: ___

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JMU FM Supervisor (printed)

Signature

Date/Time:_____