Instructions:
1. A cutting and welding Permit may be issued only by a SUPERVISOR and must be used for all cutting and welding done outside of an approved shop.
2. Complete the checklist below before issuing the Permit - Sample PERMIT
3. Display the Permit in a highly visible location at the job site.
4. The Permit is to be picked up by the supervisor who issued the Permit 2 to 4 hours after the work is completed. In the event of a change of shifts, it is the responsibility of the supervisor who issued the Permit to notify the next shift supervisor that a Permit was issued and will need to be picked up.
5. If a Permit is issued late in the work shift and the work site is down the following shift, notify the next shift supervisor to pick up the Permit.
6. If a Permit is issued for an unstaffed area of the work site, notify the next shift supervisor so that he or she can check the area more frequently.
7. All Permits are to be turned into the Safety Office after the final checkup has been completed.

CHECKLIST OF REQUIRED PRECAUTIONS:

- Floor swept clean of combustibles.
- Floor wet down.
- Flammable liquids removed; other combustibles, if not removed, we down or protected with fire-resistant tarpaulins or metal shields.
- Explosive atmospheres in area are eliminated.
- All wall and floor openings covered or provide an additional fire watch at the lower level.
- Fire watch will be provided during and for at LEAST 30 minutes after work and during any coffee or lunch breaks.
- Fire watch is supplied with a charged fire hose.
- Fire watch is trained in the use of this equipment.

JOB DATE: ____________________ LOCATION: ________________________________

NATURE OF JOB: ________________________________

WELDER’S NAME: ________________________________

TIME STARTED: ____________________ TIME FINISHED: ____________________

FIREWATCH NAME: ________________________________

FINAL CHECKUP BY PLANT SERVICES: Work area and all adjacent areas to which sparks and heat might have spreads (e.g., floors above and below and opposite side of walls) were inspected after the work was completed and found to be fire safe. PROJECT MANAGER’S SIGNATURE: ________________________________

FINAL CHECKUP BY SUPERVISOR: 2 to 4 hours after work is completed
DATE and TIME: ________________________________

SIGNATURE OF PERSON RESPONSIBLE: ________________________________
DATE: __________________________

LOCATION: ____________________________________________________________

WORK TO BE DONE:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

MAINTENANCE:
________________________________________________________________________
________________________________________________________________________

INSTRUCTIONS TO FIREWATCH:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FIREWATCH NAME(S):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________