Department of Corrections
WASHINGTON STATE

HOT WORK PERMIT

Permit number: _____

Nature of work to be conducted:

Equipment which is a potential ignition source required to be in the confined space:

Type of ventilation which will be used to remove fumes or vapors from hot work:

Time gas test performed	Readings	Initials

Is the confined space isolated? ☐ Yes ☐ No ☐ N/A

Is the confined space flushed or ventilated? ☐ Yes ☐ No ☐ N/A

Are gas tests completed? ☐ Yes ☐ No ☐ N/A

Is a periodic test required? ☐ Yes ☐ No ☐ N/A

Could hot work be done outside the space? ☐ Yes ☐ No ☐ N/A

Is fire-fighting equipment available? ☐ Yes ☐ No ☐ N/A

Is there a first-aid and CPR qualified observer and helper available? ☐ Yes ☐ No ☐ N/A

The hot work permit has been attached to the confined space entry permit? ☐ Yes ☐ No ☐ N/A

I have verified the procedures and have briefed the entrant(s) and attendant on the proper practices and hazards of performing hot work in the confined space.

Entry Supervisor	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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