SAFE WORK PERMIT

This permit cannot be altered or transferred to another.
This permit must be returned and signed off at completion of work or end of operational shift.

NAME OF FACILITY:_____

Date of issue:	**Dept:**

LOCATION: (Unit & Door Number)

A TYPE OF WORK BEING PERFORMED

☐ Smudging

D HOT WORK YES

IS A FIRE WATCH REQUIRED? ..... YES START TIME: _____

DURING: PERSON RESPONSIBLE FOR FIRE WATCH: _____

AFTER: PERSON RESPONSIBLE FOR FIRE WATCH:_____

FIRE WATCH COMPLETED BY: _____ TIME COMPLETED: _____

(The person responsible for the fire watch being done is the person onsite and in charge of the hot work)

Hot work is any process that can be a source of ignition when flammable or combustible material is present or can be a fire hazard, regardless of the presence of flammable or combustible material in the workplace. Common hot work processes include welding, soldering, cutting, grinding and brazing. When flammable materials are present, processes such as drilling become hot work.
A Fire Watch is required where any combustible or flammable materials are within 15m (50ft) of the hot work.

- **A constant fire watch shall be provided during the hot work.**
- **A constant fire watch shall be provided for 60 minutes following the work (after the last spark).**
- **A periodic (inspection of the area at least every hour – every 30 minutes is recommended) fire watch shall be provided for three (3) hours following the constant fire watch - final inspection is completed four (4) hours after the completion of the work.**

If the fire watch is to be turned over from one person to another (i.e. Contractor employee to SHA employee) at any point, a face-to-face conversation between them must take place. Person Responsible Initial: _____

(Person who initiated permit)

G I, _____, have read this permit and understand the nature of the work authorized and understand the controls that must be followed as specified in the permit and will inform all other personnel working under this permit of the hazards and controls.

Name (Print): _____ Signature :_____ Date:_____

(Fire Watch to complete)

K The work area has been inspected and left in a safe, clean and tidy manner YES / NO

The equipment has been inspected to ensure there are no risks present and the equipment may resume operation.

If **No**, describe

Name (Print): _____Signature _____ Date:_____

Note: The completed and sign permit must be kept on file to two (2) year.