

HOT WORK PERMIT

4ND-GEN-11320/7 S/N 0195-LF-201-4000

FROM: FIRE DEPARTMENT

PHONE

TO:

TYPE OF WORK

LOCATION

FIRE WATCH (*Name and check no.*)

AREA CERTIFIED CLEAR OF FLAMMABLE VAPORS BY

FIRE APPLIANCES AND PRECAUTIONS REQUIRED

PERMIT GRANTED		PERMIT EXPIRES		INSPECTOR (<i>Signature</i>)
DATE	TIME	DATE	TIME	

COPIES TO:

1-OPERATOR IN CHARGE (*Name*): _____1-SUPERVISOR OR O-IN-C (*Name*): _____