



**HOT WORK PERMIT**

WD-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*): \_\_\_\_\_