

PERMIT FOR WELDING, CUTTING, OR BRAZING

1A. NAME OF EMERGENCY CONTACT
1B. TELEPHONE NUMBER

2. OFFICE ISSUING PERMIT

3. LOCATION FOR PERMIT
A. BUILDING NAME

B. SPECIFIC LOCATION WITHIN BUILDING

4A. DATE OF WORK

5. SPECIAL NATURE OF WORK

4B. START TIME
a.m.
p.m.

4C. STOP TIME
a.m.
p.m.

6. ANTICIPATED HAZARDS DUE TO WORK *(Safety/Health/Fire)*

7. LIST OF PROTECTIVE CLOTHING AND EQUIPMENT REQUIRED FOR WORK *(Include personal protection and public protection)*

8. NAME OF PERSON PERFORMING WORK

9. NAME OF FIRE WATCH AT SITE

10. EMERGENCY PRECAUTIONS *(Include type of required fire extinguisher)*

11. PREWORK SITE INSPECTOR

A. SIGNATURE

B. NAME AND TITLE

C. DATE

12. PERMIT ISSUED BY

A. SIGNATURE

B. NAME AND TITLE

C. DATE

13A. SIGNATURE OF POST-WORK CHECKUP INSPECTOR

13B. DATE