

Water and Waste Department Safety Branch Safety Management System

Hot Work Permit

Project:	
Building:	
Staff Member or Cor Performing the Work	1 1270
WO#	Contract Administrator
Scope of Work	
Specific Work Location	
	(Permit valid for duration of work only)
Permit must be re-issu	ed if any working conditions change (ie: change of shift, new hazard identified, etc.)
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Emergency Response	onse Procedures
Emergency Phone Nu	ımber – 911 Nearest hospital:
Identify first aiders:	
•	
Fire extinguisher on sit	e: Yes Location:
Emergency Contacts:	
Hazard identificat	ion (check all). If applicable, identify hazard reduction strategy.
Fumes/Smoke	-
Protect Adjacent	
Surfaces	
Fire Alarm Shutdown	yes 🗌 no 🔲
Electrical Coor	dination:
Fire Watch yes	no Conducted by:
Combustibles/Flammal	ble products within hot zone
Electrical Hazards	yes
Asbestos	yes
Working at heights	yes
Protect Public and Other	

Other:			
Prior to Start of Work:	 Fax permit to Contract Administrator by noon on the day before the work City staff: Fax permit to your Supervisor Original permit must be posted at the work area for the duration of the work. 		
Emergency Repairs:	 Permit is filled out on site and po Fax permit to Safety Branch when 		
After work is complete:	Forward original permit to the Contra	act Administrator (City staff, forward to your Supervisor)	
Final Review Bef	fore Starting Work (check all)	- Contractors and City Staff	
 Scope of work discussed. Contractor's person in charge has been identified. Adequate ventilation is implemented All hazards identified and appropriate safe work procedures implemented. PPE selected to mitigate the hazard(s). All required safety gear in on-site. All required tools and equipment on-site All required documentation is on-site (Permit, safe work procedure, MSDS, manuals, prints etc) 			
Contractors			
equipment and protect	cting existing property, other workers, Contractors must fill out the permit, pe	on equipment, staff training, ventilation, tools and building staff and the general public from any hazards afterm the work and send completed copies to the	
Project Contacts	(please print)		
Contract administrato	or:	Phone #:	
Contractor site superv	visor:	Phone #:	
Sign-off Contractor's person in	n charge is satisfied all safe-work con	ditions have been met.	
Name:	Signature	:	