



Company Performing Work:

Date:

Time:

Area/Unit:

Permit No.:

Hot Work to be Completed:

Describe the Source of the Flammable Vapors:

Justification to Complete the Hot Work at Increased LEL:

Additional Control Procedures Required to Complete the Hot Work Safely:

Conditions When the Hot Work Must be Stopped:

Maintenance Manager: _____ **Date:** _____

Operation Manager: _____ **Date:** _____

Field Safety Superintendent: _____ **Date:** _____