

| General Information | |
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| Company Name: | City and County Refrigeration and Air Conditioning Ltd |
| Worksite Location: | |
| Permit Number: | |
| Job Information | |
| Description of Hot Work: | |
| Location of Hot Work: | |
| Date and Time of Hot Work: | |
| General Safety Precautions | |
| Personal Protective Equipment (PPE) (tick all that apply): | <input type="checkbox"/> Fire-resistant clothing <input type="checkbox"/> Safety goggles or face shield <input type="checkbox"/> Heat-resistant gloves <input type="checkbox"/> Steel-toe boots <input type="checkbox"/> Hard hat <input type="checkbox"/> Respiratory protection (e.g., masks or respirators) <input type="checkbox"/> Hearing protection (e.g., earplugs or earmuffs) <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> High-visibility clothing <input type="checkbox"/> Insulated tools <input type="checkbox"/> Other (please specify): _____ _____ |
| General Safety Measures (tick all that apply): | <input type="checkbox"/> Workers trained and competent <input type="checkbox"/> Work area cordoned off and signage posted <input type="checkbox"/> Nearby personnel informed of hot work activity <input type="checkbox"/> Adequate ventilation ensured <input type="checkbox"/> Emergency communication equipment available <input type="checkbox"/> Pre-inspection of tools and equipment <input type="checkbox"/> Access to emergency exits unobstructed <input type="checkbox"/> Continuous monitoring during the task <input type="checkbox"/> Other (please specify): _____ _____ |

| Fire Controls | |
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| Fire Extinguishers Available: | Yes [] No [] |
| Flammable Materials Removed: | Yes [] No [] |
| Equipment Checked for Safety: | Yes [] No [] |
| Fire Watch | |
| Fire Watch Checklist (tick all that apply): | <input type="checkbox"/> Fire watch assigned and briefed on responsibilities <input type="checkbox"/> Fire extinguishing equipment readily available <input type="checkbox"/> Continuous monitoring during and after hot work activity <input type="checkbox"/> Fire watch remains for at least 30 minutes after completion of hot work <input type="checkbox"/> Area inspected for smouldering or hidden fires <input type="checkbox"/> Additional (please specify): <hr/> <hr/> |
| Open Permit | |
| Competent Person Confirmation: | I confirm that all hazards have been identified and controlled, the worksite has been inspected, and it is safe for hot work to begin. |
| Signed: | Date: |
| Time: | |
| Fire Watch Confirmation: | I acknowledge my responsibility as fire watch and confirm I have been briefed and equipped to perform this role. |
| Signed: | Date: |
| Time: | |
| Close Permit | |
| Competent Person Confirmation: | I confirm that the hot work is complete, all equipment has been safely shut down, and the area has been inspected with no fire hazards present. |
| Signed: | Date: |
| Time: | |
| Fire Watch Confirmation: | I confirm I have monitored the area after work completion for at least 30 minutes and have found no signs of fire or hazards. |
| Signed: | Date: |
| Time: | |