



HOT WORK PERMIT

IS HOT WORK NECESSARY? CAN IT BE DONE A SAFER WAY?

COMPLETE THE FRONT OF THIS FORM AND LEAVE TOP COPY

COMPLETE THE BACK OF THIS FORM AT THE WORK SITE DAILY

HANG THE CARD STOCK PORTION IN A PROMINENT LOCATION AT THE HOT WORK SITE

Work Control # _____

Person performing the hot work is
Dartmouth Employee Contractor

Date Hot Work begins: _____
Date of Completion: (permit can be good for 5 continuous days, Monday to Friday) _____

Name of Person or Contractor Performing the Work:

Company Name: _____

Phone Number of person performing Hot Work: _____

Location of Work: Building & Room Number:

Description of Work: (Brazing, Grinding, Welding, etc.)

Dartmouth College Project Manager/Supervisor & Phone Number:

Expected time (each day) for Hot Work Completion:

Name of Supervisor / General Contractor at Job Site & Contact Number:

Signature of Person Completing Hot Work Permit/Date:

Approved:	Megan Sandy	Approval date:	04/09/2020
EHS Approved:	Approved	Revision date:	April/2020
Page #	5	Original Date:	September 2018
		Revision #	4