

Hot Work / Welding Permit Application

Date://				
Applicant:				Mailing
Address:				City
	State	Zip		Person Doing
Work:			Cell: .	
Email:		_ Hot Work	Location:	
			_ Start Date	//
Completion Date//				
Permit Fee: \$100.00 per event v	which inc	udes an insp	pection	
Permit applications including the 8:30 a.m. to 4:30 p.m., or mailed		nay be subm	itted in pers	son weekdays from
•		e Protection		
		ention Burea	au	
		Box 2942,		
I		ards Access Is CO 81632	ĸu,	
	Luvalu			

- A field inspection will be performed to determine any additional requirements. Please call
 970-736-5064 or 970-748-4739 to schedule a field inspection if required prior to the commencing of any activities.
- Please fill out additional page/s of this document

For ERFPD use only

Signature:	Date:		
Processed by:	Permit:		
PO Box 2942 1050 Edwards Access Rd. Edwards CO 81632			

- This permit is valid for one job only
- This copy is to be retained by the person authorized to perform the hot work and must be produced on the request of any of our employees
- Management will retain a copy

Description of Work:

Note Particular Hazards or Hazardous Areas and List:

Standard Precautions are to be taken:

Precaution	Management Requirement	Contractor to Confirm
Equipment in good working order?		
All combustibles removed from work area		
Fire extinguisher available		
Hose reel available		
Fire blanket provided		
Welding curtains provided		
Ventilation provided		
Barricades required		
Signs required		
Area checked for explosive atmosphere		
Post welding/cutting fire watch		
Additional precautions:		

I verify that all hot work has been completed in accordance with the authorized conditions outlined in this form. Additionally, I verify that the location of work was inspected 30 minutes after job completed.

Signature: _____