



Appendix 14-C1 Hot Work Request Form

Start Date:	End Date:	Start Time:	End Time:
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Project Name:		Project Number:	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
Supervisor Requesting Hot Work:		Project Manager:	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
Responsible Person for Hot Work Area:		Location of Hot Work:	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
Additional Employees:		Client / Customer:	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		Title:	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
Explain work to be performed:			
(ATTACH ADDITIONAL SHEETS IF NECESSARY)			
Explain the procedures that will be followed:			
(ATTACH ADDITIONAL SHEETS IF NECESSARY)			
Explain safety precautions and equipment to be used:			
(ATTACH ADDITIONAL SHEETS IF NECESSARY)			
Explain why this must be conducted "HOT", and what other alternatives were considered:			



**Appendix 14-C1
Hot Work Request Form**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)	
Approval:	
Foreman	Date
Project Manager	Date
Customer or Client	Date
Operations Manager	Date
Service Manager or Field Superintendent	Date
I have been briefed and I have reviewed the safety involved in this hot work request. I understand it is my responsibility to ensure all the procedures and safety concerns are strictly complied with and followed.	
Journeyman Electrician (primary)	Date
Journeyman Electrician or Apprentice (secondary)	Date

Distribution:		
<input type="checkbox"/> Site Foreman	<input type="checkbox"/> Field Superintendent	<input type="checkbox"/> Safety Manager
<input type="checkbox"/> Project Manager	<input type="checkbox"/> Customer or Client	<input type="checkbox"/> Operations Manager