

Hot Work Permit Inspection Checklist

Site / Project	_____	Address	_____
Inspector name	_____	Company	_____
Date	_____	Time	_____

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Pre-Work Area Assessment

☐ Are all combustible materials removed from within a 35-foot radius of the hot work area, as per NFPA 51B?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ If combustibles cannot be removed, are they protected with fire-resistant covers or shields?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Is the flooring in the hot work area non-combustible or protected with fire-resistant materials?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are walls and ceilings within 35 feet of the hot work area made of non-combustible materials or protected with fire-resistant shields?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are all openings (e.g., ducts, conveyors) within the 35-foot radius sealed or covered to prevent the spread of sparks and hot materials?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Is the sprinkler system fully operational in the hot work area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are appropriate fire extinguishers (e.g., ABC type) readily available and fully charged within the hot work area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Is the hot work area clean and free of accumulated dust, debris, and other potential fire hazards?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ If hydraulic equipment is present, are there any visible leaks that could pose a fire hazard?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	Are all emergency egress routes clear and unobstructed?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Fire Watch Requirements

☐	Is a dedicated fire watch assigned and trained in fire safety procedures?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Does the fire watch have appropriate fire extinguishing equipment (e.g., fire extinguisher, charged hose) readily available?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Does the fire watch have a reliable means of communication (e.g., radio, phone) to alert others in case of a fire?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the fire watch scheduled to remain in the area for at least 30 minutes after the completion of hot work?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Does the fire watch understand their responsibilities, including monitoring for smoldering fires and alerting emergency services?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Has the fire watch received documented training on fire hazards, fire prevention, and the use of fire extinguishing equipment?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Does the fire watch have an unobstructed view of the hot work area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the fire watch alert and not engaged in other tasks that could distract them from their fire watch duties?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Does the fire watch have clear and safe access to all areas within the 35-foot radius?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Welding Equipment Inspection

☐	Is the welding machine properly grounded to prevent electrical shock?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the electrode holder fully insulated and in good condition?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are welding cables free from cuts, abrasions, and other damage?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are gas cylinders secured in an upright position to prevent tipping?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are gas cylinders free from leaks, and are regulators in good working order?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are welding hoses inspected for leaks, cracks, and proper connections?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are flashback arrestors installed on both the torch and regulator of oxy-fuel welding equipment?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is adequate ventilation provided to remove welding fumes and gases from the work area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is a Lower Explosive Limit (LEL) monitor present and calibrated if flammable gases or vapors may be present?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Personal Protective Equipment (PPE)

☐	Is the welder wearing a welding helmet with the appropriate shade lens for the welding process?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the welder wearing appropriate protective clothing (e.g., leather gloves, sleeves, apron) to protect against burns?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the welder wearing safety glasses or goggles under the welding helmet to provide additional eye protection?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is hearing protection provided and used if noise levels exceed permissible exposure limits?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is respiratory protection provided and used if ventilation is inadequate to control welding fumes and gases?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the welder wearing appropriate foot protection (e.g., steel-toed boots)?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the fire watch wearing fire-resistant clothing?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Has all PPE been inspected for damage and is in good working condition?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Permit and Documentation

☐	Is a hot work permit properly authorized by a qualified individual?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the hot work permit displayed prominently at the work site?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the hot work permit valid for the specific location, time, and type of work being performed?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Has a hazard assessment been completed to identify potential fire and explosion hazards?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	Are safe work procedures documented and followed for the specific hot work task?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Has the emergency action plan been reviewed with all personnel involved in the hot work?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are training records available to verify that all personnel involved in the hot work have received appropriate training?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are records of previous hot work inspections maintained and readily available?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____

Name _____

Date _____