Appendix 14-C1
Hot Work Request Form

Start Date:	End Date:	Start Time:	End Time:
_____	_____	_____	_____
Project Name:		**Project Number:**	

Supervisor Requesting Hot Work:	**Project Manager:**
Responsible Person for Hot Work Area: _____ _____	**Location of Hot Work:** _____ _____
Additional Employees: _____ _____ _____	**Client / Customer:** _____ **Title:** _____

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:

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(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:		
☐ Site Foreman	☐ Field Superintendent	☐ Safety Manager
☐ Project Manager	☐ Customer or Client	☐ Operations Manager