HOT WORK PERMIT

Nature of work to be conducted:

Equipment which is a potential ignition source required to be in the confined space:

Type of ventilation which will be used to remove fumes or vapors from hot work:

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<th>Time gas test performed</th>
<th>Readings</th>
<th>Initials</th>
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Is the confined space isolated? ................................................................. Yes ☐ No ☐ N/A ☐
Is the confined space flushed or ventilated? .................................................. Yes ☐ No ☐ N/A ☐
Are gas tests completed? ................................................................................. Yes ☐ No ☐ N/A ☐
Is a periodic test required? ............................................................................. Yes ☐ No ☐ N/A ☐
Could hot work be done outside the space? ...................................................... Yes ☐ No ☐ N/A ☐
Is fire-fighting equipment available? .............................................................. Yes ☐ No ☐ N/A ☐
Is there a first-aid and CPR qualified observer and helper available? .......... Yes ☐ No ☐ N/A ☐
The hot work permit has been attached to the confined space entry permit? ..... Yes ☐ No ☐ N/A ☐

I have verified the procedures and have briefed the entrant(s) and attendant on the proper practices and hazards of performing hot work in the confined space.

Entry Supervisor __________________________ Signature __________________________ Date __________________________

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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