



HOPEDALE FIRE DEPARTMENT

40 Dutcher Street - Hopedale MA. 01747

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www.hopedalefireems.com

Thomas M. Daige – Fire Chief



Welding Permit

Date- _____

Location- _____ Floor- _____

Work to be done- _____

Special Precautions- _____

Fire Watch required(YES or NO)- _____

Location where work is being done has been examined and necessary precautions taken(Inspecting Firefighter print name and sign) _____

Welding Company Name and Address- _____

Company Representative Signature- _____

This permit will expire on (Date)- _____

Final Check

Work area to which sparks and heat may spread including floors above and below and opposite sides of walls were inspected 30 minutes after work was completed and were found safe.

Signed (Firefighter inspecting work)- _____