

VOID

Side 1

SAMPLE ONLY

PERMIT  
FOR CUTTING AND WELDING  
WITH PORTABLE GAS OR ARC EQUIPMENT

Date .....

Building .....

Dept. .... Floor .....

Work to be done .....

.....

Special precautions .....

.....

Is fire watch required? .....

The location where this work is to be done has been examined, necessary precautions taken, and permission is granted for this work. (See other side.)

Permit expires .....

Signed .....

(Individual responsible for authorizing welding and cutting)

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Time started ..... Completed .....

FINAL CHECK

Work area and all adjacent areas to which sparks and heat might have spread (including floors above and below and on opposite side of wall(s) were inspected 30 minutes after the work was completed and were found firesafe.

Signed .....

(Supervisor or Fire Watcher)