

**Submit 5 days in advance to CapU Liaison for approval**

Project Name:	Start Date:
CapU Liaison:	Office/Cell:
Company Name:	Office:
Site Supervisor:	Cell:

- This form shall be initiated by the Contractor or Subcontractor requesting to perform Hot Works
- This form shall be sent to the CapU Liaison and will be forwarded to the Manager, Facilities for review and verification
- Upon verification, the CapU Liaison will send notification to the Manager OHS & EP

**PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION**
**Project Information**

Date(s) Required:	Start Time:	End Time:
Scope of Work:		
Location/Description of Confined Space:		
Name of Entry Supervisor:		
Name of Hot Worker:	Name of Fire Watch	
Start time for Fire Watch:	End time for Fire Watch:	

**Considerations:**

- The contractor requesting Hot Work Permit must complete a Fire Safety Precaution checklist and follow the steps outlined Before/During/After work is complete
- Precautions protecting the CapU community and its assets must be taken
- The contractor must ensure that the work is performed by a qualified and certified person(s)
- The contractor must ensure that persons holding Fire Watch are properly equipped with a suitable Fire Extinguisher, and are trained to use it if needed
- All personnel involved in the Hot Work must understand CapU's fire safety procedures
- A request for Life Safety Systems Shut Down for the specific zone must accompany this form

Contractor Signature & Date	CapU Liaison Signature & Date
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**Work Complete**

Contractor Signature & Date	CapU Liaison Signature & Date
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