



PERMIT No
to perform fire hazardous work

Name of the person issuing the permit: _____ **Phone number:** _____

Permit authorizes work to be conducted on: _____ **from hrs.** _____ **to hrs.** _____

1. Work location: _____

2. Scope of work: _____

3. Persons to be notified of the conduct of the work prior to the commencement of the work:

- 1) _____
(name) (signature of person notified)
- 2) _____
(name) (signature of person notified)

4. Required fire protection:

TYPE OF FIRE PROTECTION:	QUANTITY:	REQUIRED:	TYPE OF FIRE PROTECTION:	QUANTITY:	REQUIRED:
Dry powder extinguisher 6 kg		<input type="checkbox"/>	Continuous measurement of DGW concentrations during operation		<input type="checkbox"/>
CO ₂ extinguisher 5 dm ³		<input type="checkbox"/>	Hydrant hoses under pressure		<input type="checkbox"/>
Fire blanket		<input type="checkbox"/>	Water curtain		<input type="checkbox"/>
Welding blanket		<input type="checkbox"/>	Sprinkling the work area		<input type="checkbox"/>
Continuous supervision of ZSR (Emergency Response Team)		<input type="checkbox"/>	Other:		<input type="checkbox"/>
Supervision during ZSR patrols		<input type="checkbox"/>	Other:		<input type="checkbox"/>
Measurement of the DGW (lower explosive limit) levels prior to the work		<input type="checkbox"/>	Other:		<input type="checkbox"/>

5. How to secure the work site:

TYPE OF FIRE PROTECTION:	REQUIRED:	TYPE OF FIRE PROTECTION:	REQUIRED:
Removing flammable materials around the work site (10 m horizontal and 5 m vertical)	<input type="checkbox"/>	Providing manhole and equipment covers	<input type="checkbox"/>
Wrapping flammable media pipelines with fire blankets	<input type="checkbox"/>	Emptying equipment of flammable substances and blowing them out with nitrogen	<input type="checkbox"/>
Shutting off source of flammable liquid/gas	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Providing covers for combustible structures of facilities	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Provision of covers between perforated process levels	<input type="checkbox"/>	Other:	<input type="checkbox"/>

THE NEED TO LOCK OUT FIRE DETECTORS FOR THE DURATION OF THE WORK	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
THE NEED TO MEASURE THE EXPLOSIVE ATMOSPHERE BEFORE STARTING WORK	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Potential for airborne (list name of flammable substance):	

Work Contractor - Statement of Acceptance of Permit:

I accept the permit and acknowledge familiarity with fire hazards in the work area and measures to prevent fire or explosion.

(name of work contractor)

(signatu)

Work Contractor - Statement of Completion and Continuous Supervision:

I certify that I have completed work and conducted continuous supervision at the fire hazardous work site for 1 hour.

(name of work contractor)

(time of completion)

(end time of supervision)

(signatu)

