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|------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Logo | <b>Hot Work Fire Watch Inspection Checklist</b> | <b>Doc Ref #:</b> XYZ/IMS/QHSE/F/00<br><b>Issue Date:</b> DD-MM-YYYY<br><b>Rev #:</b> 00<br>Page 1 of 2 |
|      | <b>QHSE Forms</b>                               |                                                                                                         |
|      | <b>Organization Name</b>                        |                                                                                                         |

|                                                            |                                                                                                            |                                     |                                    |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| <b>Issue Date</b>                                          |                                                                                                            | <b>Checklist Sr. #</b>              |                                    |
| <b>1. General Information</b>                              |                                                                                                            |                                     |                                    |
| <b>Project Name</b>                                        |                                                                                                            | <b>Project Ref #</b>                |                                    |
| <b>Work Site Name</b>                                      |                                                                                                            | <b>Work Location</b>                |                                    |
| <b>Inspected By</b>                                        |                                                                                                            | <b>Next Review</b>                  |                                    |
| <b>2. Work Description – Explain the ongoing activity.</b> |                                                                                                            |                                     |                                    |
|                                                            |                                                                                                            |                                     |                                    |
| <b>3. Points that are to be verified</b>                   |                                                                                                            |                                     |                                    |
| <b>3.1. Fuels and Burning Materials</b>                    |                                                                                                            |                                     |                                    |
| <b>1</b>                                                   | No burning materials and fuels are stored near the work activity?                                          | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>2</b>                                                   | Smoldering or other objects are not stored near the hot work activity?                                     | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>3</b>                                                   | Emergency Evacuation Plan (EEP) is developed, implemented and activated before work activity?              | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>4</b>                                                   | Work force is familiarized with the exit points, alarms, firefighting equipment & responsibilities?        | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>5</b>                                                   | Suitable and inspected fire extinguishers are readily available within 30ft distance of activity?          | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>6</b>                                                   | The work location where work is to take place is suitable and ready to be used?                            | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>7</b>                                                   | Work force is informed verbally that the work activity is to take place?                                   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>8</b>                                                   | Flammable material that is stored nearby is at least 35ft away from the activity area?                     | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>9</b>                                                   | Any flammable material that can't be relocated has been covered with fire resistant blanket?               | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>10</b>                                                  | 2 <sup>nd</sup> person is available & will assume duty if you have to leave the area during work activity? | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>11</b>                                                  | All the area around the work activity is barricaded to ensure no one enter the area under work?            | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>12</b>                                                  | Work operator is instructed to <b>Stop the Job</b> if someone enters the area without permission?          | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>13</b>                                                  | Hot Work Permit has been issued and permission granted?                                                    | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>14</b>                                                  | Fire Watcher will monitor the area for 60 minutes at least after work activity to spot any fire?           | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>15</b>                                                  | In the event of emergency, HOT Work activity will be suspended?                                            | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |

|                    |                    |
|--------------------|--------------------|
| <b>Prepared By</b> | <b>Approved By</b> |
|--------------------|--------------------|

|      |                                          |                                                                                    |
|------|------------------------------------------|------------------------------------------------------------------------------------|
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|      | QHSE Forms                               |                                                                                    |
|      | Organization Name                        |                                                                                    |

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