

### Hot Work Permit

Each permit must be registered, authorized by the person in charge, visible on site and promptly returned at the end of the last inspection.

| Date:<br>Work executed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Time:                                                                                                                                                                                                                | _ am / pm | Permit issuer:                               | erified the list of r | equirements handed to the worker.                                 |
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| □ Inland Star Associate □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outside Contractor                                                                                                                                                                                                   | _         | Name (please print):                         |                       |                                                                   |
| Project Manager:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      | -         |                                              |                       |                                                                   |
| Job Site (building and specific area):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |           | Worker:<br>I undertake to respect all of the | e requirements o      | utlined on the permit.                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |           | Name (please print):                         |                       |                                                                   |
| Type of Work:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Grinding:                                                                                                                                                                                                            |           | Signature:                                   |                       |                                                                   |
| Cutting:      Heating:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Brazing:<br>Other:                                                                                                                                                                                                   |           | Revoked permit: Date                         | :                     | Time: am / pm                                                     |
| Work will begin at:<br>Permit expiration: (max 8 hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |           | Reason:<br>Name of person who rev            | oked the perr         | nit:                                                              |
| Fire Supervisor required:     Image: Comparison of the second secon | Inspection of the site after completion of hot work:<br>An inspection is required upon completion of the hot work and a constant<br>surveillance must be maintained 30 minutes after the end of the work by the fire |           |                                              |                       |                                                                   |
| Monitor the worksite during work, breaks, lunch breaks and 60 supervisor. A final inspection is conducted 1 ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                      |           |                                              |                       |                                                                   |
| minutes after the work is complete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |           | Inspections                                  | Time                  | Name of Inspectors                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |           | Work ended ***                               |                       | (Contractor / worker)                                             |
| Required equipment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |           |                                              |                       |                                                                   |
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| Portable extinguisher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fire – resista                                                                                                                                                                                                       | 1         | After 1hour                                  |                       | (Permit issuer or representative)                                 |
| <ul> <li>Charged fire hose</li> <li>Smoke evacuator</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Radiation scr     Other                                                                                                                                                                                              |           |                                              |                       | ntact and provide permit to Permit<br>e on the fire alarm system. |



Fire Procedures: Evacuate endangered persons; immediately sound the alarm by pulling a manual fire station or other available means available on site; Extinguish an incipient fire with a portable extinguisher (if safe). Otherwise, evacuate using the nearest emergency exit.

#### List of Required Precautions:

- □ Automatic sprinklers, hoses and portable extinguishers are in service and operational.
- Hot work equipment is in good operating condition and safely installed.

#### Precautions within a 15-meter Radius (50 feet)

- □ Restrict access to the worksite.
- □ Install fire-resistant spark screens.
- □ Install fire-resistant radiation screens.
- □ Eliminate any risk of an explosive atmosphere in the area (combustible vapors or dust).
- Remove all flammable liquids, dust, powders and oily products.
- Remove all other combustible materials. Otherwise, use fire-resistant sheets, spark screens or metal partitions.
- □ Sweep the floors.
- Protect combustible floors with fire-resistant sheets or plates.
- Cover all wall and floor openings with fire-resistant sheets.
- □ Inspect the area to detect any hazards for the workers and set-up preventive measures accordingly.
- Suspend any nearby activity that may constitute a danger (dust collector, nearby painter, solvent, glue, etc.).
- □ Ventilate the area with appropriate ventilating equipment, if there is a risk of smoke.
- Ensure that sprinkler heads are covered.
- Ensure that detection devices are disabled in the area.

#### Work on Walls and Ceilings

- □ Ensure that the construction is non-combustible, without combustible coating or insulation.
- □ Install fire-resistant salvage covers below the job site when work is being performed in upper levels.
- Move away combustible matters on the other side of the walls.
- Ensure that there is no heat transfer through conduction to adjoining areas.

#### Work in Confined Spaces or Enclosed Equipment

- Apply the lockout procedure.
- Apply the confined space procedure.
- Remove any combustible matter from the equipment.
- Purge the containers to eliminate any flammable liquid/vapor.

#### Fire Watch

- Appoint a fire supervisor.
- Ensure that the job site is monitored during work and one hour after, including breaks and lunch breaks.
- Ensure to have the proper extinguishers and small hoses.
- Be familiar with the use of extinguishers and sound the alarm.
- Determine if a fire watch is necessary in adjoining areas, upper and lower levels. If so, where?
- Apply any other conditions deemed necessary by the permit issuer.

#### Verification of Equipment

- Conduct the necessary inspections on the equipment prior to use.
- □ Inspect hoses on gas equipment and protect against damage.
- □ Inspect gas bottles, pressure gauges and connections and protect against any damage (gas equipment).
- Protect electric cables against any damage.
- Have an appropriate and operational extinguisher in place, as well as a pump tank.

#### Personal Safety Equipment

□ Use the required personal safety equipment to protect the face, eyes and body against high heat, radiation, noise and smoke (ex. long sleeve shirt, welding helmet, visor, etc.).

## WARNING! HOT WORK IN PROGRESS WATCH FOR FIRE!

| IN CASE OF EMERGENCY: |  |
|-----------------------|--|
| CALL:                 |  |
|                       |  |
| AT:                   |  |

# WARNING!