

CRITICAL CONTROL VERIFICATION								
CRITICAL RISK – HOT WORK								
Respondent			Secondary Respondent					
Unit			Location		Time	Date		
Task			Specific Location Details					
Did you do this verification with anyone?			What workgroup are you interacting with?					
HOT WORK PERMIT						YES	NO	N/A
Permit completed, signed, and displayed at work area								
JSEA, SWI or SWMS in place and signed by the work team								
Termination triggers defined (e.g., fire watch duration)								
ISOLATION OF FLAMMABLE MATERIALS						YES	NO	N/A
Combustible materials removed or protected within 15m radius								
Fire-resistant blankets or barriers installed								
Gas cylinders stored and restrained correctly								
FIRE WATCH AND EARLY INTERVENTION						YES	NO	N/A
Fire watch assigned and understands their role								
Fire watch equipped with extinguishers and communication tools available								
FIRE SUPPRESSION SYSTEM						YES	NO	N/A
Portable fire extinguishers available and inspected								
Fire hoses or water supply accessible								
Automatic sprinkler/deluge systems operational (where applicable)								
ATMOSPHERIC TESTING AND VENTILATION						YES	NO	N/A
LEL monitoring completed where explosion risk exists if required								
Forced ventilation operational in enclosed spaces								
Continuous monitoring during task if required								
PPE AND EQUIPMENT						YES	NO	N/A
Welding PPE compliant (helmet, gloves, fire-resistant clothing)								
Respiratory protection available and worn for fume control								
Tools inspected and in good condition								
EMERGENCY RESPONSE PREPAREDNESS						YES	NO	N/A
Emergency shutdown procedure understood								
Work team understands how to call ERT								
COMMENTS								
ALL CRITICAL CONTROLS VERIFIED AND FUNCTIONAL?								
YES – Safe to proceed					NO – Stop work and escalate immediately			