

PERMIT TO PERFORM HOT WORK

PRIOR to any "HOT WORK" being performed within the *Port of Beaumont* the following requirements must be met:

1. A "Gas Free Certificate" must be successfully obtained from a licensed and certified Marine Chemist.
2. A qualified fire watch must be ordered *through the Port of Beaumont* at the user's expense.
3. A qualified fire watch must be maintained at the site of the *hot work* during the entire process.
4. Any company or contractor performing *hot work* must have a certificate of insurance on file with the *Port of Beaumont*.
5. You are required to keep the *Port of Beaumont* informed of any changes in conditions, time estimates, or procedures, that may differ from this original permit.

THE PORT RESERVES THE RIGHT TO CANCEL OR REVOKE A PERMIT SHOULD:

1. Any port operational conditions or requirements change from the time it was originally issued.
2. Safety or security conditions exist or have altered from the time or originally issuing the permit.
3. Conditions or requirements are not being met to the ports' satisfaction.

AGREEMENT: In return for permission to perform *hot work* within the Port of Beaumont, **I AGREE**

- ⇒ To abide by all port requirements, rules, and conditions.
- ⇒ To keep the port informed of any and all changes that may affect or alter the conditions under which the permit was originally issued.
- ⇒ To advise the port and to reapply or request an extension should the work not be completed as planned.

I HAVE READ AND UNDERSTAND THE ABOVE OBLIGATIONS AND REQUIREMENTS.
I HAVE RECEIVED A COPY OF THE "FIRE WATCH RULES" FOR THE PORT OF BEAUMONT.

SIGNATURE _____ DATE _____ TIME _____
COMPANY _____ TITLE _____

NAME OF THE VESSEL: _____ BERTH _____
AGENCY: _____ AGENT ASSIGNED: _____

COMPANY TO PERFORM HOT WORK: _____ PHONE: _____
CONTACT PERSON ON THE JOB: _____ TITLE: _____
STARTING DATE: _____ TIME: _____ ENDING DATE: _____ TIME: _____
Brief description of work to be performed: _____

FOR PORT USE ONLY

GAS FREE PERMIT () U.S.C.G. PERMIT () FIRE WATCH RULES () INSURANCE CERTIFICATE ON FILE ()
DATE AND TIME THE FIRE WATCH WAS NOTIFIED ____/____/____ TIME _____Hrs.
AUTHORIZING SIGNATURE: _____

DISTRIBUTION:
ORIGINAL TO OPERATIONS
COPY TO PORT POLICE / SAFETY FILE