Department of Fire Services
Commonwealth of Massachusetts

Hot Work Violation Report (FP-032)

This electronic report is pursuant to Chapter 114 of the Acts of 2026, "An Act Relative to Violation of Regulation Regarding Hot Work Processes," and must be completed by fire departments and building officials for each enforcement action involving a violation of, or noncompliance with, the hot work provisions of M.G.L. c. 148 or 527 CMR 1.00, Chapter 41. Please submit the information in this report at https://forms.mass.gov/eopss-dfs/form/23/.

Enforcement Action

- ☐ **Verbal Order of Notice**
- ☐ **Written Order of Notice**
- ☐ **Notice of Violation**
- ☐ **M.G.L. c. 148A Non-Criminal Ticket**

Violation Information

Date of Violation: _____

Specific M.G.L. c. 148 or 527 CMR 1.00, Chapter 41 Section(s) Violated:

_____

Person or Business Responsible – Select All That Apply

- ☐ **Individual Performing Hot Work**
- ☐ **Permit Authorizing Individual (PAI)**
- ☐ **Individual / Business Delegating Hot Work**

Individual Performing Hot Work

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Additional Individual Performing Hot Work (If Needed)

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Permit Authorizing Individual (PAI)

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Additional Permit Authorizing Individual (PAI) (If Needed)

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Individual / Business Delegating Hot Work

Individual First Name: _____ **Last Name:** _____

Business Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Additional Individual / Business Delegating Hot Work (If Needed)

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Property Information Where Violation Occurred

Property Owner

Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Property Owner E-Mail: _____

Hot Work Information

Type of Hot Work Performed: _____

Hot Work Training Information

Certificate No. _____ **Expiration Date (if Applicable):** _____

Training Provider (if known): _____

Hot Work Permit Information

Permit No. _____ **Expiration Date (if Applicable):** _____

Does the Hot Work Contractor Have Insurance? ☐ **Yes** ☐ **No**
(If yes, complete the section below)

Hot Work Contractor Insurance Company

Name: _____

Insurance Policy Number (if known): _____

Hot Work Insurance Company Address

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Insurance Phone: _____

Insurance E-Mail: _____

Reporting Official

Fire / Building Department: _____

Name / Title of Reporting Official: _____

E-Mail – Reporting Official: _____

Phone – Reporting Official: _____

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