

HOT WORK PERMIT



Department: _____ DATE: _____

Supervisor: _____ Contractor: _____

Welder(s): _____

Fire Watcher(s): _____

Location & description of work:

Sources of ignition (acetylene torch, soldering, electric arc, etc.), type of gases, and other materials used:

FIRE SAFETY

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are there fire alarm devices in the area that may be impacted from hot work fumes or smoke? If YES, notify building/facilities manager and Public Safety before starting work.
<input type="checkbox"/>	<input type="checkbox"/>		Is the appropriate type of fire extinguisher available and in working condition in the work area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a method to control heat, sparks, or slag from traveling to other areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are combustibles within 35 feet of work, including floors, walls, areas adjacent to walls being worked on, removed or protected with appropriate fire resistant guards or shields?
<input type="checkbox"/>	<input type="checkbox"/>		Have fire watch requirements and procedures been reviewed? If NO, review before starting work. If required, fire watch must be maintained during work breaks and for 30 minutes after completion.

CONFINED SPACE WORK

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the work space large enough for bodily entry, has a limited or restricted means of entry/exit, AND is not designed for continuous human occupancy? Consult Confined Space list. If yes, complete a Confined Space Entry Permit.

HEALTH AND SAFETY

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Is mechanical ventilation available and in good working condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is Lockout/Tagout required? If YES, follow Lockout/Tagout procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are pipelines or connections disconnected or blanked?
<input type="checkbox"/>	<input type="checkbox"/>		Have all welding and cutting equipment been inspected to ensure it is in good working condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do ALL workers in the area have appropriate personal protective equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is arc welding being performed AND may persons other than the welder and fire watch enter the work area? If YES, noncombustible screens providing UV protection must be used.
<input type="checkbox"/>	<input type="checkbox"/>		Are other special conditions and/or safety precautions? If YES, explain:

All hot work must be performed by personnel trained in the safe operation of equipment and Rensselaer's Hot Work Program.

Project/Job Supervisor signature: _____

Work area and adjacent areas inspected 30 minutes after job completion: _____