



Hot Work Permit

This hot work permit is required for operations involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, cutting, grinding, soldering, thawing pipe, torch-applied roofing, and cadwelding. This permit must be completed and posted for the duration of all hot work. This permit is only good for one day.

FOR SAFETY QUESTIONS REGARDING THIS PERMIT CONTACT OFFICE OF FIRE PREVENTION AT 683-5166

Forward to OFF within 48 hours

<p>HOT WORK BEING DONE BY:</p> <p><input type="checkbox"/> ODU Employee <input type="checkbox"/> Contractor Phone Number: _____</p> <p>HOT WORK PROJECT:</p> <p>W.O. #: _____ Submitted Date: _____ Expected Start Date: _____ Time: _____ Expected Stop Date: _____ Location/Building/Floor: _____ Nature of Job/Object: _____</p> <p>AUTHORIZATION:</p> <p>I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for work.</p> <p>Name: _____ Supervisor / Responsible Party</p> <p>Signature: _____</p> <p>Phone Number: _____</p> <p>TECHNICIAN:</p> <p>Name: _____ Phone Number: _____</p> <p><input type="checkbox"/> I have reviewed all requirements; area is safe for Hot Work. Date / Time: _____ Initials: _____</p> <p><input type="checkbox"/> All guidelines have been followed, and hot work is complete. Date / Time: _____ Initials: _____</p> <p>FIRE ALARM TECHNICIAN:</p> <p>Name: _____ Phone Number: _____</p> <p><input type="checkbox"/> Fire detection disabled. Date / Time: _____ Initials: _____</p> <p><input type="checkbox"/> Fire detection reactivated. Date / Time: _____ Initials: _____</p>	<p>REQUIRED PRECAUTIONS CHECKLIST:</p> <p><input type="checkbox"/> Automatic Fire Detection has been disabled. <input type="checkbox"/> Available sprinklers, hose streams, and extinguishers are in service / operable. <input type="checkbox"/> Hot work equipment is in good repair.</p> <p><input type="checkbox"/> <u>Requirements within 10 m (35 ft) of work:</u></p> <ul style="list-style-type: none"> • Flammable liquids, dust, lint, and oil deposits have been removed. • Explosive atmosphere in area has been eliminated. • Floors have been swept clean. • Combustible floors have been wet down, covered with damp sand or fire-resistant sheets. • Other combustibles have been removed where possible. Otherwise, protect with fire-resistant tarpaulins or metal sheets are in place. • All wall and floor openings are covered. • Fire-resistant tarpaulins are suspended beneath work. <p><input type="checkbox"/> <u>Work on walls or ceilings / enclosed equipment:</u></p> <ul style="list-style-type: none"> • Construction is non-combustible and without combustible covering or insulation. • Combustibles on other side of walls have been removed. • Ensure no danger exists by condition of heat into another area. • Enclosed equipment has been cleaned of all combustibles. • Containers have been purged of flammable liquids/vapors. <p><input type="checkbox"/> <u>Hot work area monitoring:</u></p> <ul style="list-style-type: none"> • A monitor will be provided during and for 1 hour after work: Name: _____ Phone Number: _____ • A monitor is supplied with suitable extinguishers. • A monitor is trained in use of this equipment and in sounding alarm. • A monitor may be required for adjoining areas, above and below. • Generally monitor hot work area for 3 hours after job is completed. <p><input type="checkbox"/> <u>Fire alarm or suppression system impairment:</u></p> <ul style="list-style-type: none"> • Fire watch posted in building. <p><u>Other precautions taken:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Confined space entry permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No Area protected with smoke/heat detection? <input type="checkbox"/> Yes <input type="checkbox"/> No Ample ventilation to remove smoke/vapor from work area? <input type="checkbox"/> Yes <input type="checkbox"/> No Lockout/tag-out required?</p>
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FOR OFF USE ONLY

Permit Reviewed By: _____ Phone Number: _____

Date & Time: _____