

Appendix A

HOT WORK PERMIT

Department _____

Location _____

Contractor _____

Contractor Contact #: (____) _____

Date of Inspection _____

The Work area must be inspected by the Campus Safety Officer or Designee before issuance of a Hot Work

Permit. Describe the source of ignition (e.g., acetylene torch, soldering, electric arc, etc.):

GENERAL SAFETY

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welder, Fire Watch, and Supervisor familiar with Welding and Cutting Policy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding and cutting equipment in good condition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers fitted with appropriate safety equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Watch properly trained; knows location of appropriate firefighting equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Watch knows how to sound the fire alarm.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire detection and/or sprinkler system in service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area within 35 feet of work properly swept.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustibles and flammables within 35 feet of work removed or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustibles and flammables are protected with appropriate shields.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor and wall openings covered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipelines or connections disconnected or blanked

WORK ON WALLS/CEILINGS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Areas adjacent to walls\ceilings shall be inspected for combustibles, and Identified combustibles removed or protected appropriately.
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FIRE ALARM SYSTEM IMPAIRMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there fire alarm devices in the area that could be impacted by welding fumes or smoke? If yes, the Campus Safety Officer must be notified of any fire alarm impairments.
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APPROVALS AND AUTHORIZATION

NOTE: Upon Project/Fire Watch Closure, Record The Date/Time & Return The Completed Permit To The Fire and Safety Office For Record Retention!

This permit is valid only so long as work conditions existing at the time of issuance continue. It expires on any change in condition that adversely affects safety in work areas.

Issue Date/Time _____ Expiration Date/Time _____ Project/Fire Watch Closure Date/Time _____

Special Conditions _____

Signature of Campus Safety Officer/Designee

Signature of Area/Job Supervisor

Welder

Signature of Fire Watch

Feb. 06, 2025

1