

Hampshire College HOT WORK PERMIT

Building: _____ Room/Area: _____

Department/Contractor: _____ Date: _____

Supervisor: _____ Fire Watcher: _____

Individual performing Hot Work: _____

<p><u>TYPE OF HOT WORK:</u></p> <p><input type="checkbox"/> Brazing <input type="checkbox"/> Cutting <input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Soldering <input type="checkbox"/> Welding <input type="checkbox"/> Other: _____</p>	<p><u>METHOD:</u></p> <p><input type="checkbox"/> Oxy-Fuel <input type="checkbox"/> Torch <input type="checkbox"/> Electric Arc</p> <p><input type="checkbox"/> Other: _____</p> <p>Note: Hampshire College Personnel are not authorized to perform electric arc or plasma cutting/welding.</p>
<p><u>GASES USED:</u></p> <p><input type="checkbox"/> Butane <input type="checkbox"/> Oxy-Acetylene <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Not Applicable</p>	<p><u>CYLINDERS/EQUIPMENT:</u></p> <p><input type="checkbox"/> Inspected <input type="checkbox"/> Labeled <input type="checkbox"/> Upright/Strapped</p> <p><input type="checkbox"/> Located outside or away from danger of sparks</p>

<p><u>FLAMMABLES/COMBUSTIBLES:</u></p> <p><input type="checkbox"/> Covered <input type="checkbox"/> Moved at least 35 feet away</p> <p><input type="checkbox"/> Not Applicable</p>	<p><u>FLOOR/WALL/DUCT OPENINGS:</u></p> <p><input type="checkbox"/> Covered <input type="checkbox"/> Not Applicable</p>
<p><u>SMOKE DETECTORS:</u></p> <p><input type="checkbox"/> Present <input type="checkbox"/> Enabled <input type="checkbox"/> Disabled/Covered during work</p>	<p><u>SPRINKLER SYSTEM:</u></p> <p><input type="checkbox"/> Present <input type="checkbox"/> Not Present <input type="checkbox"/> Disabled/Covered during work</p>
<p><u>CONTAINER/PIPE CONTENTS:</u></p> <p><input type="checkbox"/> Cleaned <input type="checkbox"/> Purged <input type="checkbox"/> Not Applicable</p>	<p><u>EXTINGUISHER:</u></p> <p><input type="checkbox"/> ABC-rated</p> <p><input type="checkbox"/> Fire Watcher trained in use</p> <p><input type="checkbox"/> Within 25 feet of work area</p>

<p><u>HEALTH & SAFETY ISSUES:</u></p> <p><input type="checkbox"/> Electrical Hazards <input type="checkbox"/> Chemicals <input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Confined Space</p> <p><input type="checkbox"/> Other: _____</p>	<p><u>PERSONAL PROTECTIVE EQUIPMENT:</u></p> <p><input type="checkbox"/> Eye Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Body/Suit</p> <p><input type="checkbox"/> Foot Protection <input type="checkbox"/> Other: _____</p>
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WORK COMPLETION CERTIFICATION:

Hot Work Supervisor Signature: _____

Work Duration: ____/____/____ (date) Time: _____ (start) - _____ (end)

Fire Watch Complete: _____ (time) **Must continue for a minimum of 30 minutes after completion.**

White copy – Must be kept on the job site and submitted to EH&S upon completion.
 Yellow copy- Facilities & Grounds or outside contractor performing the work.
 Pink copy - Submit to Facilities & Grounds prior to the start of work.