University of Ottawa

HOT WORK PERMIT

Date of Hot Work: __________________________ Project #: __________________________

Location of Hot Work: Building_________ Floor: ____________ Room: ________________

Other information on location: ____________________________________________________________

Name of persons performing the Hot Work, Company, and emergency contact information (print):

Name: ____________________________ Company: __________________________ Phone: ________ Cell: __________

Name: ____________________________ Company: __________________________ Phone: ________ Cell: __________

Type of Hot Work being performed: _______________________________________________________

Department/Person Authorizing the Hot Work:

Name (print): __________________________ Phone: __________________________

☐ Physical Resource Services
☐ Other University Department

Is work area occupied? ☐ Yes ☐ No

The Hot Work area has sprinkler protection? ☐ Yes ☐ No ☐ Deactivated

The Hot Work area has smoke detection? ☐ Yes ☐ No ☐ Deactivated

Will the Hot Work Procedure occur on a roof? ☐ Yes ☐ No

Special precautions/instruction: ____________________________________________________________

Fire Watch:

Date and time Fire Watch started:
Date: ____________ Time: ____________ AM/PM (circle)

Date and time Fire Watch ended:
Date: ____________ Time: ____________ AM/PM (circle)

Printed name of Fire Watch: ____________________________

I verify the dates and times are correct. (Signature of Fire Watch):
________________________________________________________

Upon completion of the Fire Watch, return this form to the respective Protection dept, c/o Fire Safety Officer (Marc Denis) to close out the form.

I __________________ verify that I have reviewed the Hot Work procedures and requirements with the person(s) responsible for the Hot Work. (Signature and Date of person authorizing the Hot Work):

Signature & Title __________________________
Date __________________________

On Site Pre-Hot Work Safety Inspection Checklist:
Performed by persons doing the Hot Work

☐ Cutting and/or welding equipment has been inspected and found to be in good repair: free of damage or defects

☐ A multi-class (ABC) portable fire extinguisher of adequate size and fully charged is immediately available

☐ All flammable and combustible liquids have been removed from the area (at least 12 meters from the work area)

☐ All wall, floor, duct, and ceiling penetrations, where sparks may travel, have been located and sealed/covered

☐ All combustible materials (wood, paper, cardboard) have been moved (12 meters away) or covered with fire retardant tarps

☐ Fire alarm pull box, telephone, or cell phone is immediately available to summon fire department in case of a fire

☐ Combustible flooring/walls (whenever sparks or slag may fall) have been covered with a fire retardant tarp

☐ Area has been cleaned/swept to remove any other combustible material (lint, sawdust, dust, oily residues)

☐ Any potential for a flammable atmosphere has been eliminated

☐ Furniture, computers, equipment, and/or other furnishings have been protected from damage

☐ Fire watch duration and duties are understood

Name & Signature of person performing the safety check:

Name __________________________ Sign. __________________________