

UNIVERSITY OF OTTAWA

HOT WORK PERMIT

Disclaimer: This permit is being authorized as per the conditions detailed in the hot work request. If conditions change, this authorization becomes null and void.

THIS PERMIT IS VALID FOR 24 HOURS ONLY

Date of Hot Work: _____

Location of Hot Work: Building _____ Floor: _____ Room: _____

Other information on location: _____

The Hot Work is being conducted on: Roof Yes No Tunnel Yes No

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

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Type of Hot Work being performed: Grinding Welding Soldering Brazing Cutting Heat treating

Hot riveting Thawing pipe Drilling and tapping Powder-driven fasteners Torch-applied roofing

If other, specify: _____

Department/Person requesting the Hot Work Permit:

Name (print): _____ Phone: _____

- Facilities/Project Manager
 Other University Department

Specify: _____

The Hot Work area has sprinkler protection? Yes No Deactivated

The Hot Work area has smoke detection? Yes No Deactivated

Fire Watch Required: 1 hour 2 hours 3 hours 4 hours

Special precautions/instruction: _____

I, _____ verify I have reviewed the Hot Work procedures and requirements with the person performing the Hot Work.

Signature and date of person requesting the Hot Work Permit:

X _____ Date _____

Person Authorizing the Hot Work:

Name (print): _____ Phone: _____

Signature and Date of Person Authorizing the Hot Work:

X _____ Date _____

Fire Watch:

Date and time Fire Watch started:

Date: _____ Time: _____ AM/PM (circle)

Date and time Fire Watch ended:

Date: _____ Time: _____ AM/PM (circle)

Person conducting Fire Watch: _____

I verified the dates and times are correct.

Signature of Fire watch: _____

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 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 alarms pull box, telephone, or cell phone is immediately available to summon fire department in case of fire

Combustible flooring/walls (whenever sparks or slag may fall) have been covered with 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

Person conducting the safety inspection:

Name (print): _____

Phone: _____

Date: _____ Time: _____

Signature of person performing the safety inspection:

X _____

When the Fire Watch has ended, return this form to Protection Services Office to close out the form.