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:	PhoneCell
Name: Company:	PhoneCell
Type of Hot Work being performed:	
Department/Person Authorizing the Hot Wor	x: Iverify that I have reviewed the Hot
Name (print): Phone:	Work procedures and requirements with the person(s)
Physical Resource Services	responsible for the Hot Work. (Signature and Date of person authorizing the Hot Work):
Other University Department	Signature & Title
Is work area occupied?	Date
The Hot Work area has sprinkler protection? \Box Yes \Box No I	Deactivated On Site Pre-Hot Work
The Hot Work area has smoke detection? \Box Yes \Box No	Deactivated Safety Inspection Checklist:
Will the Hot Work Procedure occur on a roof?	
Special precautions/instruction:	A multi-class (ABC) portable fire extinguisher of adequate size and fully charged is immediately available
Fire Watch:	All flammable and combustible liquids have been removed from the area (at least 12 meters from the work area)
Date and time Fire Watch started:	All wall, floor, duct, and ceiling penetrations, where sparks may travel, have been located and sealed/covered
Date: Time: AM/PM (ci	
Date and time Fire Watch ended:	Fire alarm pull box, telephone, or cell phone is immediately
Date: Time: AM/PM (c	Combustible flooring/walls (whenever sparks or slag may fall)
Printed name of Fire Watch:	have been covered with a fire retardant tarp
I verity the dates and times are correct. (Signature of Fire	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
Upon completion of the Fire Watch, return this for respective Protection dept, c/o Fire Safety Officer (
Denis) to close out the form.	NaneSign