

UVA-FM HOT WORK PERMIT

**BEFORE INITIATING HOT WORK, ENSURE PRECAUTIONS ARE IN PLACE !
MAKE SURE AN APPROPRIATE FIRE EXTINGUISHER IS READILY AVAILABLE !**

This Hot Work Permit is required for operations involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, Cutting, Grinding, Soldering, Thawing Pipe, Torch-Applied Roofing, and Cadwelding.

<p>INSTRUCTIONS</p> <p>1. Complete this form and turn it in to your supervisor and Fire Alarm and HVAC Shops as needed.</p> <p>2. This form must be submitted 24 hours before work is started (except in emergency situations; see Appendix A of the <i>Hot Work Safety Guide</i>).</p> <hr/> <p>HOT WORK BEING DONE BY:</p> <p><input type="checkbox"/> UVA Employee</p> <p><input type="checkbox"/> Contractor _____</p> <p><input type="checkbox"/> Phone # _____</p> <hr/> <p>HOT WORK PROJECT:</p> <p>W.O. # _____</p> <p>Submitted Date: _____</p> <p>Expected Start Date: _____ Time _____</p> <p>Expected Stop Date: _____</p> <hr/> <p>Location / Building / Floor _____</p> <hr/> <p>Nature of Job / Object _____</p> <hr/> <p>AUTHORIZATION:</p> <p>I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for work.</p> <p>Name: _____ Supervisor/ Responsible Party</p> <p>Signature: _____</p> <p>Phone #: _____</p> <hr/> <p>HVAC TECHNICIAN (if applicable):</p> <p>Name: _____</p> <p>Phone: _____</p> <p><input type="checkbox"/> HVAC systems evaluated and shutdown or modified as necessary. Date / Time: _____ Initials _____</p> <p><input type="checkbox"/> Reactivated: Date/Time: _____</p> <hr/> <p>FIRE ALARM TECHNICIAN (if applicable):</p> <p>Name: _____</p> <p>Phone #: _____</p> <p><input type="checkbox"/> Fire Detection Disabled Date / Time: _____ Initials _____</p> <p><input type="checkbox"/> Fire Detection Reactivated Date / Time: _____ Initials _____</p>	<p>REQUIRED PRECAUTIONS CHECKLIST</p> <p><input type="checkbox"/> Automatic Fire Detection has been disabled (A/N).</p> <p><input type="checkbox"/> Available sprinklers, hose streams, and extinguishers are in service/operable.</p> <p><input type="checkbox"/> Hot work equipment is in good repair.</p> <p><input type="checkbox"/> Requirements within 10 m (35 feet) of work:</p> <ul style="list-style-type: none"> • Flammable liquids, dust, lint, and oil deposits have been removed. • Explosive atmosphere in area has been eliminated • Floors have been swept clean. • Combustible floors have been wet down, covered with damp sand or fire-resistant sheets. • Other combustibles have been removed where possible. Otherwise protect with fire-resistant tarpaulins or metal sheets are in place. • All wall and floor openings are covered. • Fire-resistant tarpaulins are suspended beneath work. <p><input type="checkbox"/> Work on walls or ceilings/enclosed equipment:</p> <ul style="list-style-type: none"> • Construction is non-combustible and without combustible covering or insulation • Combustibles on other side of walls have been removed. • Danger exists by condition of heat into another area • Enclosed equipment has been cleaned of all combustibles. • Containers have been purged of flammable liquids/vapors. <p><input type="checkbox"/> Fire Watch / Hot Work area monitoring:</p> <ul style="list-style-type: none"> • Fire watch will be provided during and for 30 minutes after work, including any coffee or lunch breaks. Name: _____ Phone #: _____ • Fire watch is supplied with suitable extinguishers • Fire watch is trained in use of this equipment and in sounding alarm. • Fire watch may be required for adjoining areas, above and below. • Monitor hot work area 30 minutes after job is completed. <p>Other precautions taken:</p> <p>Yes <input type="checkbox"/>/ No <input type="checkbox"/> Confined space entry permit required?</p> <p>Yes <input type="checkbox"/>/ No <input type="checkbox"/> Area protected with smoke or heat detection?</p> <p>Yes <input type="checkbox"/>/ No <input type="checkbox"/> Ample ventilation to remove smoke/vapor from work area?</p> <p>Yes <input type="checkbox"/>/ No <input type="checkbox"/> Lockout/tag-out required?</p>
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