Hot Work Permit

Issued by: ____________________ print, and sign.
Permit duration: ___Project ___Day ___Week ___Month
Issued to: Date: Time: AM/PM
Campus: T W P DPC
Building /room: ______________________ / ______________________

Yes  No

☐ ☐ Cutting or welding permitted in an area that has been made fire safe.

☐ ☐ All movable fire hazards in the vicinity have been taken to a safe place.

☐ ☐ Guards used to contain the heat, sparks and slag if fire hazards cannot be removed.

☐ ☐ Floor or wall openings or cracks, open doorways and windows protected or closed.

☐ ☐ Fire extinguisher available for instant use.

☐ ☐ Fire watch in areas where other than a minor fire might develop such as around combustible material.

☐ ☐ Floors swept clean of combustible material for a radius of 35'.

☐ ☐ Areas adjacent to walls being worked on are checked for combustibles and any combustibles are either removed or protected.

☐ ☐ Combustible floors have been kept wet, covered with damp sand or protected by fire resistant shields.
☐ ☐ Welding/cutting done only in areas authorized by management. No welding/cutting in sprinkled building when sprinkler system is impaired or in presence of explosive atmosphere, or in area of storage of readily ignitable material.

☐ ☐ Dusts and conveyor systems that might carry sparks to distant combustibles protected or shutdown.

☐ ☐ Cutter/welder is trained in safe operation of equipment and the safe use of the process.

☐ ☐ Any on-site contractors advised about flammable material or hazardous conditions of which they may not be aware.

**Welding or cutting containers:**

☐ ☐ Container thoroughly cleaned and ventilated.

☐ ☐ Any pipe lines or connections to containers disconnected or blanked.

☐ ☐ Warning sign posted to warn other workers of hot metal.

☐ ☐ Appropriate ventilation provided.

☐ ☐ When working in confined spaces a permit has been issued as per 1910.146.

**When work is completed**

☐ ☐ Work area has been inspected for any fire sources, fire damage, or potential for fire.

☐ ☐ Reactivated smoke / fire detectors that were disabled because of the hot work.
I verify that the above location has been examined and the necessary precautions have been taken to prevent the outbreak of fire due to Hot Work.

Employee Signature, issued: ____________________________
Date: ________________
Time: ________________

Employee Signature, closed: ____________________________
Date: ________________
Time: ________________

Supervisor Signature: ____________________________
Date: ________________
Time: ________________

Questions? Contact ASU Environmental Health and Safety at 480-965-1823 or email SafetyPartners@asu.edu.

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