

# Hot Work Permit

## Fire Prevention

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. This permit must be completed and approved prior to any hot work operation, and posted on-site during same. This permit is for one (1) day only.

**FOR QUESTIONS REGARDING THIS PERMIT CONTACT OFFICE OF FIRE PREVENTION AT 757-683-5166**

<p><b>HOT WORK BEING DONE BY:</b></p> <p><input type="checkbox"/> ODU Employee  <input type="checkbox"/> Contractor      Phone Number: _____</p> <p><b>HOT WORK PROJECT:</b></p> <p>W.O. #: _____  Submitted Date: _____  Expected Start Date: _____ Time: _____  Expected Stop Date: _____  Location/Building/Floor: _____  Nature of Job/Object: _____</p> <p><b>AUTHORIZATION:</b></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: _____  <span style="margin-left: 100px;">Supervisor / Responsible Party</span></p> <p>Signature: _____</p> <p>Phone Number: _____</p> <p><b>TECHNICIAN:</b></p> <p>Name: _____  Phone Number: _____</p> <p><input type="checkbox"/> I have reviewed all requirements; area is safe for Hot Work.  Date / Time: _____ Initials: _____</p> <p><input type="checkbox"/> All guidelines have been followed, and hot work is complete.  Date / Time: _____ Initials: _____</p> <p><b>FIRE ALARM TECHNICIAN:</b></p> <p>Name: _____  Phone Number: _____</p> <p><input type="checkbox"/> Fire detection disabled.  Date / Time: _____ Initials: _____</p> <p><input type="checkbox"/> Fire detection reactivated.  Date / Time: _____ Initials: _____</p>	<p><b>REQUIRED PRECAUTIONS CHECKLIST:</b></p> <p><input type="checkbox"/> Automatic Fire Detection has been disabled.  <input type="checkbox"/> Available sprinklers, hose streams, and extinguishers are in service / operable.  <input type="checkbox"/> Hot work equipment is in good repair.</p> <p><input type="checkbox"/> <u>Requirements within 35 feet (10 meters) of work:</u></p> <ul style="list-style-type: none"> <li>• Flammable liquids, dust, lint, and oil deposits have been removed.</li> <li>• Explosive atmosphere in area has been eliminated.</li> <li>• Floors have been swept clean.</li> <li>• Combustible floors have been wet down, covered with damp sand or fire-resistant sheets.</li> <li>• Other combustibles have been removed where possible. Otherwise, protect with fire-resistant tarpaulins or metal sheets are in place.</li> <li>• All wall and floor openings are covered.</li> <li>• Fire-resistant tarpaulins are suspended beneath work.</li> </ul> <p><input type="checkbox"/> <u>Work on walls or ceilings / enclosed equipment:</u></p> <ul style="list-style-type: none"> <li>• Construction is non-combustible and without combustible covering or insulation.</li> <li>• Combustibles on other side of walls have been removed.</li> <li>• Ensure no danger exists by condition of heat into another area.</li> <li>• Enclosed equipment has been cleaned of all combustibles.</li> <li>• Containers have been purged of flammable liquids/vapors.</li> </ul> <p><input type="checkbox"/> <u>Hot work area monitoring:</u></p> <ul style="list-style-type: none"> <li>• A monitor will be provided during and for one (1) hour after work:  Name: _____  Phone Number: _____</li> <li>• A monitor is supplied with suitable extinguishers.</li> <li>• A monitor is trained in use of this equipment and in sounding alarm.</li> <li>• A monitor may be required for adjoining areas, above and below.</li> <li>• Generally monitor hot work area for 3 hours after job is completed.</li> </ul> <p><input type="checkbox"/> <u>Fire alarm or suppression system impairment:</u></p> <ul style="list-style-type: none"> <li>• Fire watch posted in building.</li> </ul> <p><u>Other precautions taken:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No      Confined space entry permit required?  <input type="checkbox"/> Yes <input type="checkbox"/> No      Area protected with smoke/heat detection?  <input type="checkbox"/> Yes <input type="checkbox"/> No      Ample ventilation to remove smoke/vapor from work area?  <input type="checkbox"/> Yes <input type="checkbox"/> No      Lockout/tag-out required?</p>
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**FOR OFP USE ONLY**

Permit Reviewed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date & Time: \_\_\_\_\_