HOT WORK PERMIT

This permit is issued and valid only for the job described and for the date(s) and time(s) specified. The Operator or their authorized representative must complete the following Sections I, II, and III.

I. General Information

Type of Work:
- □ Welding
- □ Soldering
- □ Brazing
- □ Cutting
- □ Other (Please Specify) 

Company/Department Name: ____________________________________________ Duke Project Number: __________________________

Name of Duke University Project Manager: ________________________________

Name of Supervisor: ___________________________ Supervisor Contact Information: __________________________ (Phone, Cell Phone, Nextel, etc.)

Date Work to Begin: __________ Date Work to End: ____________

(Maximum: 2 weeks from start date)

Daily Start Time: __________ Daily End Time: __________

II. Building Information

Building Name: ___________________________ Building Number: __________ Floor: __________

Specific Location: ___________________________ Fire Zone: __________

Does building fire alarm system devices have to be deactivated? □ Y □ N

Device Number(s) Requiring Deactivation: ____________________________

Fire Watch duration required: □ 1/2 hour □ 1 hour

III. Special Precautions

Has the operator read the Hot Work Permit Policy? □ Y □ N

Can hot work be moved outside or to a safer area? □ Y □ N

Are flammable vapors present or is there a possibility that flammable vapors may pass through openings? □ Y □ N

Is floor swept and clear of combustible materials within a 35 foot radius? □ Y □ N

Is a guard required to warn persons who might be burned by sparks or hot slag? □ Y □ N

Are adequate guards and curtains/welding screens placed where needed? □ Y □ N

Is an adequate fire extinguisher (provided by the contractor or department) present? □ Y □ N

Has the Operator and/or Fire Watch had fire extinguisher training? □ Y □ N

Operator's Name and Signature:

For Duke University Use Only:

Notification

Each certified individual authorized by OESO-Fire Safety Division to issue Hot Work Permits is responsible for:
- notifying the appropriate fire alarm monitoring station;
- conducting follow-up inspections; and
- enforcement of special precautions.

I certify that I have notified the following Fire Alarm Monitoring Station:

□ Duke Hospital, Duke Clinic and Eye Center: 681-2365
□ Other Medical Center Facilities: 684-5799
□ Campus Facilities: 684-5609

Permit Approved by: __________________________ (Name and Signature of Certified Duke Personnel) Date: __________

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