

HOT WORK PERMIT

OCCUPATIONAL & ENVIRONMENTAL SAFETY OFFICE

1411 Hull St. • Box 90427 • Tel: 684-5609 • Fax: 684-8427 • Form Revised: December 2003

*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: ½ hour 1 hour

III. Special Precautions

Has the operator read the Hot Work Permit Policy?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Can hot work be moved outside or to a safer area?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are flammable vapors present or is there a possibility that flammable vapors may pass through openings?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is floor swept and clear of combustible materials within a 35 foot radius?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is a guard required to warn persons who might be burned by sparks or hot slag?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are adequate guards and curtains/welding screens placed where needed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is an adequate fire extinguisher (provided by the contractor or department) present?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has the Operator and/or Fire Watch had fire extinguisher training?	<input type="checkbox"/> Y	<input type="checkbox"/> 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: _____ Date: _____

(Name and Signature of Certified Duke Personnel)