



# Hot Work Permit

0353

2023

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

| Instructions  |  | Required Precautions Checklist   |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
|---|--|--|--|------------------|---------------------|----------------|----------------|---------------------|----------------|------------------------------|-------|-------|---------------------------|-------|-------|
| <b>Supervisor:</b><br>1. Complete precaution checklist at right<br>2. Complete this form and retain Part 1<br>3. Issue Part 2 to competent person performing hot work   |  | <input type="checkbox"/> Sprinkler protection in service. If fire suppression is taken offline, UK Fire Marshal's Office AND UK Delta Room MUST BE NOTIFIED<br><input type="checkbox"/> Hot Work equipment is in good working order  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| <b>Permit Information</b><br>Hot work done by:<br><input type="checkbox"/> UK Employee <input checked="" type="checkbox"/> Contractor   |  | <p style="text-align: center;"><b>Requirements within 35 ft. of hot work</b></p> <input type="checkbox"/> Flammable liquid, dust, ink and oily deposits removed and floor swept clean<br><input type="checkbox"/> Explosive atmosphere in area eliminated (hot work is not to be conducted in a classified area unless made safe)<br><input type="checkbox"/> Nearby activities evaluated for conditions that could be affected by hot work<br><input type="checkbox"/> Path of likely sparks evaluated<br><input type="checkbox"/> Combustible floors wet down, covered with damp sand or fire-resistant sheets<br><input type="checkbox"/> Remove other combustible material where possible. Otherwise, protect with approved welding pads, blankets and curtains or metal shields<br><input type="checkbox"/> All wall and floor openings covered<br><input type="checkbox"/> Fire resistive covers and metal shields provided as needed<br><input type="checkbox"/> Protect or shut down ducts and conveyors that might carry sparks to distant combustible material |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| Location/ building and floor:   | Peter P. Bosomworth Health Sciences Research Bldg<br>Penthouse/4th | <p style="text-align: center;"><b>Hot work on walls, ceilings or roofs</b></p> <input type="checkbox"/> Construction is noncombustible and without combustible covering or insulation<br><input type="checkbox"/> Combustible material on other side of walls, ceilings or roofs is moved away   |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| Reason for job:   | Soldering  | <p style="text-align: center;"><b>Hot work on enclosed equipment (i.e., welding on tanks)</b></p> <input type="checkbox"/> Enclosed equipment cleaned of all combustible material<br><input type="checkbox"/> Containers purged of flammable liquid/vapor<br><input type="checkbox"/> Pressurized vessels, piping and equipment removed from service, isolated and vented  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| <b>Personal Protective Equipment (if applicable)</b><br><input type="checkbox"/> Welder's hood with appropriate lenses<br><input type="checkbox"/> Welder's gloves<br><input type="checkbox"/> Leather jacket/clothing<br><input type="checkbox"/> Head Protection<br><input type="checkbox"/> Hearing Protection<br><input type="checkbox"/> Respirator Type/cartridge: _____<br><input type="checkbox"/> Other: _____             |  | <p style="text-align: center;"><b>Hot work inside of enclosed spaces (i.e., inside of tanks)</b></p> <input type="checkbox"/> Adequate ventilation provided<br><input type="checkbox"/> Atmosphere checked with gas detector per confined space permit<br><input type="checkbox"/> Area purged of any flammable or toxic vapors<br><input type="checkbox"/> Other permits completed as required: Lock-out/tag-out, working at heights, live electrical work  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| <b>Hot Work Performer</b><br>Name: John Anderson<br>Signature: _____  |  | <p style="text-align: center;"><b>Hot work/Fire Safety Notifications</b></p> <input type="checkbox"/> Location of nearest fire alarm known<br><input type="checkbox"/> If no alarm present, what method will be used to raise the alarm? (List in other precautions area below)<br><input type="checkbox"/> Escape routes maintained and known by personnel  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| <b>I verify the above information has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for this work.</b>   |  | <p style="text-align: center;"><b>Fire Watch/Hot work area monitoring</b></p> <input type="checkbox"/> Fire watch will be provided for a minimum of 30 minutes after work has ceased<br><input type="checkbox"/> Fire watch is provided with suitable extinguishers<br><input type="checkbox"/> Fire watch trained in use of equipment and in sounding alarm.  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| <b>Hot Work Approval</b><br>Name: Brian Hardin<br>Signature: _____<br>Date: _____   |  | <p style="text-align: center;"><b>Special Instructions</b></p> When hot work is complete, submit completed permit to supervisor or project manager for UK EHS review   |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| Emergency 8596213951<br>Contact # : _____   |  |  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |
| <p style="text-align: center;"><b>Permit Dates</b></p> <table border="1"> <tr> <td>Permit Activated</td> <td>Date:<br/>12/15/2023</td> <td>Time:<br/>07:11</td> </tr> <tr> <td>Permit Expires</td> <td>Date:<br/>12/15/2023</td> <td>Time:<br/>15:11</td> </tr> <tr> <td>Date and time work completed</td> <td>Date:</td> <td>Time:</td> </tr> <tr> <td>Final Fire Watch Check-up</td> <td>Date:</td> <td>Time:</td> </tr> </table> |  |  |  | Permit Activated | Date:<br>12/15/2023 | Time:<br>07:11 | Permit Expires | Date:<br>12/15/2023 | Time:<br>15:11 | Date and time work completed | Date: | Time: | Final Fire Watch Check-up | Date: | Time: |
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| <b>Fire Watch Inspector Signature (below)</b><br>Signature: _____   |  |  |  |                  |                     |                |                |                     |                |                              |       |       |                           |       |       |