



Hot Work Permit

0014

2024

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

| Instructions | Required Precautions Checklist |
|---|--|
| Supervisor: 1. Complete precaution checklist at right 2. Complete this form and retain Part 1 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 <input type="checkbox"/> Hot Work equipment is in good working order <p align="center">Requirements within 35 ft. of hot work</p> <input type="checkbox"/> Flammable liquid, dust, ink and oily deposits removed and floor swept clean <input type="checkbox"/> Explosive atmosphere in area eliminated (hot work is not to be conducted in a classified area unless made safe) <input type="checkbox"/> Nearby activities evaluated for conditions that could be affected by hot work <input type="checkbox"/> Path of likely sparks evaluated <input type="checkbox"/> Combustible floors wet down, covered with damp sand or fire-resistant sheets <input type="checkbox"/> Remove other combustible material where possible. Otherwise, protect with approved welding pads, blankets and curtains or metal shields <input type="checkbox"/> All wall and floor openings covered <input type="checkbox"/> Fire resistive covers and metal shields provided as needed <input type="checkbox"/> Protect or shut down ducts and conveyors that might carry sparks to distant combustible material <p align="center">Hot work on walls, ceilings or roofs</p> <input type="checkbox"/> Construction is noncombustible and without combustible covering or insulation <input type="checkbox"/> Combustible material on other side of walls, ceilings or roofs is moved away <p align="center">Hot work on enclosed equipment (i.e., welding on tanks)</p> <input type="checkbox"/> Enclosed equipment cleaned of all combustible material <input type="checkbox"/> Containers purged of flammable liquid/vapor <input type="checkbox"/> Pressurized vessels, piping and equipment removed from service, isolated and vented <p align="center">Hot work inside of enclosed spaces (i.e., inside of tanks)</p> <input type="checkbox"/> Adequate ventilation provided <input type="checkbox"/> Atmosphere checked with gas detector per confined space permit <input type="checkbox"/> Area purged of any flammable or toxic vapors <input type="checkbox"/> Other permits completed as required: Lock-out/tag-out, working at heights, live electrical work <p align="center">Hot work/Fire Safety Notifications</p> <input type="checkbox"/> Location of nearest fire alarm known <input type="checkbox"/> If no alarm present, what method will be used to raise the alarm? (List in other precautions area below) <input type="checkbox"/> Escape routes maintained and known by personnel <p align="center">Fire Watch/Hot work area monitoring</p> <input type="checkbox"/> Fire watch will be provided for a minimum of 30 minutes after work has ceased <input type="checkbox"/> Fire watch is provided with suitable extinguishers <input type="checkbox"/> Fire watch trained in use of equipment and in sounding alarm. <p align="center">Special Instructions</p> When hot work is complete, submit completed permit to supervisor or project manager for UK EHS review |
| Permit Information | |
| Hot work done by: <input type="checkbox"/> UK Employee <input checked="" type="checkbox"/> Contractor | |
| Location/ building and floor: UK Hospital - Chandler Medical Center & Hospital (Pavilion H) G | |
| Reason for job: Soldering | |
| Personal Protective Equipment (if applicable) | |
| <input type="checkbox"/> Welder's hood with appropriate lenses <input type="checkbox"/> Welder's gloves <input type="checkbox"/> Leather jacket/clothing <input type="checkbox"/> Head Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Respirator Type/cartridge: _____ <input type="checkbox"/> Other: _____ | |
| Hot Work Performer | |
| Name: Kevin Snyder | |
| Signature: | |
| 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. | |
| Hot Work Approval | |
| Name: Bart Bowmen | |
| Signature: | |
| Date: | |
| Emergency Contact # : 8593021155 | |
| Permit Dates | |
| Permit Activated Date: 01/24/2024 Time: 13:37 | |
| Permit Expires Date: 01/24/2024 Time: 17:37 | |
| Date and time work completed Date: Time: | |
| Final Fire Watch Check-up Date: Time: | |
| Fire Watch Inspector Signature (below) | |
| Signature: | |