

Hot Work Permit

BEFORE INITIATION HOT WORK, ENSURE <u>ALL</u> PRECAUTIONS ARE IN PLACE! MAKE SURE AN APPROPRIATE FIRE EXTINGUIRSHER IS READILY AVAILABLE!

| | instructions | | Required Precautions Checklist |
|---|-------------------|-----------------|---|
| Supervisor: 1. Complete precaution checklist at right | | | \square Sprinkler protection in service. If fire suppression is taken offline, UK Fire |
| Complete precaution checklist at right Complete this form and retain Part 1 | | | Marshal's Office AND UK Delta Room MUST BE NOTIFIED |
| 3. Issue Part 2 to competent person performing | | | ☐ Hot Work equipment is in good working order |
| hot work | | | Dominous and within 25 ft of hot work |
| Permit Information | | | Requirements within 35 ft. of hot work |
| Hot work done by: | | | ☐ Flammable liquid, dust, link and oily deposits removed and floor swept clean |
| ☐ UK Employee ☐ Contractor | | | Explosive atmosphere in area eliminated (hot work is not to be conducted in a classified area unless made safe) |
| Location/ building UK Hospital - Chandler Medical | | | ☐ Nearby activities evaluated for conditions that could be affected by hot work |
| and floor: | Center & Hospital | (Pavilion H) | ☐ Path of likely sparks evaluated |
| | 2 | | ☐ Combustible floors wet down, covered with damp sand or fire- |
| | | | resistive sheets |
| Reason for job: | Soldering | | |
| | | | Remove other combustible material where possible. Otherwise, protect with approved welding pads, blankets and curtains or metal shields |
| | | | |
| | | | ☐ All wall and floor openings covered |
| Personal Protective Equipment (if applicable) | | (if applicable) | □ Fire resistive covers and metal shields provided as needed □ Protect or shut down ducts and conveyors that might carry sparks to distant |
| ☐ Welder's hood with appropriate lenses | | | combustible material |
| ☐ Welder's gloves | | | Het week on welle ealth on a week |
| ☐ Leather jacket/clothing | | | Hot work on walls, ceilings or roofs |
| Head Protection | | | ☐ Construction is noncombustible and without combustible covering or |
| ☐ Hearing Protection | | | insulation |
| ☐ Respirator Type/cartridge: | | | ☐ Combustible material on other side of walls, ceilings or roofs is moved away |
| ☐ Other: | | | Hot work on enclosed equipment (i.e., welding on tanks) |
| Hot Work Performer | | | ☐ Enclosed equipment cleaned of all combustible material |
| Name: Phillip Grigsby | | | ☐ Containers purged of flammable liquid/vapor |
| | | | ☐ Pressurized vessels, piping and equipment removed from service, isolated and |
| Signature: | | | vented |
| I verify the above information has been examined, the | | | Hot work inside of enclosed spaces (i.e., inside of tanks) |
| precautions checked on the Required Precautions | | | ☐ Adequate ventilation provided |
| Checklist have been taken to prevent fire, and | | | Adequate ventilation provided |
| permission is authorized for this work. | | | ☐ Atmosphere checked with gas detector per confined space permit |
| Hot Work Approval Name: Kevin Spyder | | | ☐ Area purged of any flammable or toxic vapors |
| Reviii Silydei | | l | ☐ Other permits completed as required: Lock-out/tag-out, working at heights, |
| Signature: | | | live electrical work |
| Date: | | | Hot work/Fire Safety Notifications |
| Emergency 8134400624 | | | □ Location of nearest fire alarm known |
| Contact # : | | | E Location of ficarest fire dialiff known |
| | Permit Dates | T | $\ \square$ If no alarm present, what method will be used to raise the alarm? (List in other |
| Permit Activated | Date: | Time: | precautions area below) |
| | 03/14/2024 | 16:59 | ☐ Escape routes maintained and known by personnel |
| Permit Expires | Date: | Time: | |
| | 03/15/2024 | 00:59 | Fire Watch/Hot work area monitoring |
| Date and time | Date: | Time: | ☐ Fire watch will be provided for a minimum of 30 minutes after work has ceased |
| work completed | | | ☐ Fire watch is provided with suitable extinguishers |
| Final Fire Watch | Date: | Time: | ☐ Fire watch trained in use of equipment and in sounding alarm. |
| Check-up | | | |
| Fire Watch Inspector Signature (below) | | | Special Instructions When hot work is complete, submit completed permit to supervisor or project |
| Signature: | | | manager for UK EHS review |
| organization | | | diluger for on End teriew |
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