



Hot Work Permit

0097

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) 3	
Reason for job: Torch to remove flooring	
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: Logan Smith	
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: Logan Smith	
Signature:	
Date:	
Emergency Contact # : 606-308-5006	
Permit Dates	
Permit Activated Date: 04/10/2024 Time: 10:00	
Permit Expires Date: 04/10/2024 Time: 16:00	
Date and time work completed Date: Time:	
Final Fire Watch Check-up Date: Time:	
Fire Watch Inspector Signature (below)	
Signature:	