



Hot Work Permit

0121

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	
Permit Information		Requirements within 35 ft. of hot work	
Hot work done by: <input type="checkbox"/> UK Employee <input checked="" type="checkbox"/> Contractor		<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	
Location/ building and floor:	Pence Hall All Floors	Hot work on walls, ceilings or roofs <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	
Reason for job:	Acetylene/oxygen metal cutting	Hot work on enclosed equipment (i.e., welding on tanks) <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	
Personal Protective Equipment (if applicable)		Hot work inside of enclosed spaces (i.e., inside of tanks) <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	
<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/Fire Safety Notifications <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	
Hot Work Performer		Fire Watch/Hot work area monitoring	
Name:	Connor Featherston	<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.	
Signature:		Special Instructions When hot work is complete, submit completed permit to supervisor or project manager for UK EHS review	
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:	David Lambert		
Signature:			
Date:			
Emergency Contact # :	8596214880		
Permit Dates			
Permit Activated	Date: 04/23/2024	Time: 10:41	
Permit Expires	Date: 04/23/2024	Time: 18:41	
Date and time work completed	Date:	Time:	
Final Fire Watch Check-up	Date:	Time:	
Fire Watch Inspector Signature (below)			
Signature:			