

**UNIVERSITY of PITTSBURGH****HOT WORK PERMIT**

1. Hot Work Supervisor	2. Date & Time of Work	3. Have emergency fire response procedures been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
4. Is a confined space permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is Lockout/ Tagout required? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Hot Work Equipment to be used																				
7. Location (Building & Room) and equipment to be worked on:																						
8. Nature of Job		9. Fixed Fire Protection and Fire Alarm Systems Operational? Yes   No <input type="checkbox"/> <input type="checkbox"/>																				
10. Fire Safety Precautions Required:																						
<table> <tr> <td>Yes/NA</td> <td>Yes/NA</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Fire watch ?</td> <td><input type="checkbox"/> <input type="checkbox"/> All combustibles at least 35 feet or covered?</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Test for flammable vapors ?</td> <td><input type="checkbox"/> <input type="checkbox"/> Containers purged of flammable liquids/vapors ?</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Fire-resistant covers?</td> <td><input type="checkbox"/> <input type="checkbox"/> Flammable liquids removed?</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Fire extinguishers available?</td> <td><input type="checkbox"/> <input type="checkbox"/> Elevated work requiring hanging tarps?</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Combustible floor wet down or covered?</td> <td><input type="checkbox"/> <input type="checkbox"/> Place water hoses around work site</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Floor/wall openings tightly covered?</td> <td><input type="checkbox"/> <input type="checkbox"/> Cutting/welding equipment in good repair?</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Combustibles moved from opposite side of wall?</td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Work on walls or ceilings – construction noncombustible and without combustible covering or insulation ?</td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Other</td> <td></td> </tr> </table>			Yes/NA	Yes/NA	<input type="checkbox"/> <input type="checkbox"/> Fire watch ?	<input type="checkbox"/> <input type="checkbox"/> All combustibles at least 35 feet or covered?	<input type="checkbox"/> <input type="checkbox"/> Test for flammable vapors ?	<input type="checkbox"/> <input type="checkbox"/> Containers purged of flammable liquids/vapors ?	<input type="checkbox"/> <input type="checkbox"/> Fire-resistant covers?	<input type="checkbox"/> <input type="checkbox"/> Flammable liquids removed?	<input type="checkbox"/> <input type="checkbox"/> Fire extinguishers available?	<input type="checkbox"/> <input type="checkbox"/> Elevated work requiring hanging tarps?	<input type="checkbox"/> <input type="checkbox"/> Combustible floor wet down or covered?	<input type="checkbox"/> <input type="checkbox"/> Place water hoses around work site	<input type="checkbox"/> <input type="checkbox"/> Floor/wall openings tightly covered?	<input type="checkbox"/> <input type="checkbox"/> Cutting/welding equipment in good repair?	<input type="checkbox"/> <input type="checkbox"/> Combustibles moved from opposite side of wall?		<input type="checkbox"/> <input type="checkbox"/> Work on walls or ceilings – construction noncombustible and without combustible covering or insulation ?		<input type="checkbox"/> <input type="checkbox"/> Other	
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11. Persons Conducting Hot Work:																						
Name(s) and Department _____																						
_____																						
Fire Watch, Name/Department _____																						
_____																						
<b>Fire Watch (if assigned) must be: trained in the use of fire extinguishers; familiar with fire alarm and communications procedures; maintained during breaks and for 1 hour after completion of hot work.</b>																						
I verify the above location has been inspected, the required precautions have been taken and permission is authorized for this hot work:																						
Signature _____																						

**Campus Emergency Phone Number 412-624-2121**