

HOT WORK PERMIT

1.0 Purpose: This form needs to be completed by the requestor of a Hot Work Permit and submitted to EHS for approval. Please refer to Hot Work Program GS-PRG-001 for questions related to this form.

2.0 Directions: Complete form and return to EHS. Upon EHS approval, Hot Work can proceed for the date and time specified within the GENERAL INFORMATION section below.

GENERAL INFORMATION	
Hot Work Performed By: UW Employee Contractor	Permit # (MM/DD/YY##):
Employee / Contractor Name:	Contractor Company Name (if applicable):
Supervisor / Foreman Name:	Supervisor / Foreman Phone Number:
Date(s) of Hot Work Activity:	Time(s) of Hot Work Activity:
Location (Building and Room):	Comment(s):
TYPE OF HOT WORK ACTIVITY	
Arc Welding Soldering Grinding Brazing Other:	
Oxygen and Fuel Gas (check appropriate box):	Welding Cutting
Welder Name:	Fire Watch:

<i>I certify that the following safety precautions will be followed along with standard safety procedures for as long as the hot work permit is effective:</i>		
<ol style="list-style-type: none"> All cylinders will be secured at all times. All cylinders and fire extinguishers will be filled/charged/tested by authorized vendors only. All fittings (including regulators) will be secured and without gouges or other damage, and a flat faced or hex wrench will be provided. Hoses will be properly attached (Green to oxygen and Red to acetylene) and free of cuts and abrasions. Hoses will not be compromised at any time during the job by being passed through a closeable doorway or over, under, or around any sharp objects. At no time will reducing valves be used. 		
Employee / Contractor Name:	Signature:	Date:

<i>For Environment Health and Safety Use Only</i>			
EHS Authorizer Name:	EHS Authorizer Signature:	Issue Date:	Expire Date:
Daily Signoff (Date/Time/Initials):		Issue Time:	Expire Time:
List changes to fire prevention system points and/or central station:			

THE CURRENT APPROVED VERSION OF THIS DOCUMENT IS LOCATED IN THE EHS DOCUMENT CONTROL SYSTEM.