



UNIVERSITY OF WYOMING

Appendix A: Hot Work Permit

A Hot Work Permit is required for operations involving open flames or producing heat and/or sparks outside of a designated hot work area. The Hot Work Permit must be authorized by a Designated Supervisor and posted at the hot work site. File the finished permit in your department and forward a copy to UW Safety (454 Hill Hall). Phone: (307) 766-3277, Email: uwehs@uwyo.edu.

If the required precautions cannot be satisfied, hot work is not permitted.

Hot Work Date:	Work Order # (if applicable):
Location (building, floor, room #):	Name(s) and department(s) of Hot Work Operator(s):

Description of hot work and special precautions:

Authorization

This permit is valid for the pre-designated time period listed below and only so long as safe work conditions exist. It expires on any change in condition that adversely affects safety in work area. Multi-day permits require a safety walkthrough at least once a day.

Designated Supervisor Name (print) : _____ **Signature:** _____

Start Date and Time: _____ **Expiration Date and Time:** _____

Precautions Checklist

General

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot work operator, Fire Watch, and Designated Supervisor are familiar with the UW Hot Work Program. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot work equipment is in good working condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers are fitted with appropriate safety equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot work area is adequately ventilated. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers know the locations of the fire alarm and firefighting equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire detection and/or sprinkler system is in service. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire alarm has been silenced. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot work permit and warning sign are posted on site. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other potentially affected persons (i.e., contractors, occupants) have been notified. |

Requirements within 35 ft. (11m) of work

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Combustibles and flammables within 35 feet of work are removed or protected with appropriate shielding. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor and wall openings are covered or sealed with non-combustible material. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct and conveyor systems are shielded, shut down or both. |

Work near walls or ceilings

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction is noncombustible and without combustible covering or insulation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Combustibles adjacent to walls (on both sides) are removed. |

Work on and near enclosed equipment

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enclosed equipment cleaned of all combustibles. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Containers purged of flammable liquids and vapors; combustible gas monitoring performed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fume hoods cleared by UW Safety. |

Final inspection (to be performed after work is completed)

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire alarm was reactivated. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot work area was inspected 30 minutes after hot work was completed. |