

Hot Work Permit Request

A hot work permit is required for any operation on UCF properties involving open flame or producing heat and/or sparks. All precautions as required by University Policies and Procedures, the Florida Fire Prevention Code, NFPA 51B, OSHA 1910.252, and ANSI Z49.1 must be met or the Hot Work is not permitted.

Section 1: Hot Work Operator (HWO)

Instructions:

1. Verify UCF HWO's as staff, students, and/or employees have completed Hot Work Safety Training. Contractors are required to have an established hot work program with approved operators and designated Permit Authorized Individuals (PAI).
2. Fill in Section 1 completely. Incomplete forms will not be approved.
3. Print or scan form and turn into your PAI or Environmental Health and Safety (EH&S) at least five (5) work days prior to requested work. **Section 2 will be conducted by the PAI on site prior to any hot works beginning.**
4. Obtain approval signatures, verify site, execute work as described and in accordance with any conditions noted on page 2, and remain on site for fire watch 30 minutes after work has been completed.
5. Permit shall be posted in the hot works operation area throughout the duration of work.

Hot Work Done by:

Contractor
 Research
 UCF Facilities & Safety Employee
 Other: _____

HWO Name	
HWO Phone Number	
UCF Department or Contractor Name/Number	
UCF Supervisor or Project Manager Name/Number	

Work Location Type:

Incidental Work Occupied Building
 Construction Site
 Ongoing Designated Area
 Emergency Repair

Location description (be specific):

Building Name	
Building Number	
Floor and Room or Area Description	

Work Schedule. Initial request not to exceed 14 days but may be extended with additional site review.

Date(s)		Hours(s)	
Duration Day(s)			

Extended Days Requested		Extended Site Visit Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By	

Description of Work and Equipment Used (Type and Manufacturer):

HWO Signed:	Date:
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Hot Work Permit Request

Building Number _____ Date _____

Section 2: PAI or EH&S Review

PAI Name	
PAI Contact Phone Number	
PAI UCF Department Name	

PAI Checklist. PAI to verify the items below prior to work start.

YES	N\A	
<input type="checkbox"/>	<input type="checkbox"/>	HWO has had appropriate safety training as applicable (confined space, ladder safety, PPE, fire safety, hot work, etc).
<input type="checkbox"/>	<input type="checkbox"/>	Hot work equipment is in good working condition in accordance with the manufacturer's specifications.
<input type="checkbox"/>	<input type="checkbox"/>	Flash back arrestors or aerated ports properly installed (<i>i.e. Turbo Torch</i>).
<input type="checkbox"/>	<input type="checkbox"/>	Electrical components in good condition without any frayed wiring or gauges in leads(s).
<input type="checkbox"/>	<input type="checkbox"/>	PPE and fire blanket, approved to ANSI/FM standards, and in good useable condition.
<input type="checkbox"/>	<input type="checkbox"/>	Shields in place for any area visible by others where bright light would be irritating to vision.
<input type="checkbox"/>	<input type="checkbox"/>	Facilities coordination in place to prevent false activation of fire alarm and suppression system.
<input type="checkbox"/>	<input type="checkbox"/>	Proper <i>Lock-Out-Tag-Out</i> on equipment has been implemented.
<input type="checkbox"/>	<input type="checkbox"/>	Minimum 10 lbs. certified fire extinguisher in good operating condition.
<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers and/or hose streams in service and available.
<input type="checkbox"/>	<input type="checkbox"/>	Confined space entry permit obtained where required.
<input type="checkbox"/>	<input type="checkbox"/>	Ample ventilation is provided to remove smoke fumes and vapors from work area.
<input type="checkbox"/>	<input type="checkbox"/>	Personnel and equipment properly supported for elevated work as per OSHA requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Fire-resistant blanket located beneath elevated work.
<input type="checkbox"/>	<input type="checkbox"/>	Fire watch is supplied with suitable extinguishers and is trained in use of this equipment and in sounding fire alarm.
<input type="checkbox"/>	<input type="checkbox"/>	Fuel or gas filled equipment is shut down and purged prior to work.
<input type="checkbox"/>	<input type="checkbox"/>	Flammable liquids, dust, lint and oil deposits removed from area or protected.
<input type="checkbox"/>	<input type="checkbox"/>	Natural Gas pipes/manifold confirmed more than 35 feet away from operation.
<input type="checkbox"/>	<input type="checkbox"/>	Any potential hazardous or explosive atmospheres in area must be verified by EH&S with monitor/detector prior to commencement of work.
<input type="checkbox"/>	<input type="checkbox"/>	Floors swept clean of combustibles and any trash removed.
<input type="checkbox"/>	<input type="checkbox"/>	Area of construction is noncombustible, without combustible covering or insulation, and requires no specific protective measures.
<input type="checkbox"/>	<input type="checkbox"/>	Combustible floors and area components protected with fire-resistant materials.
<input type="checkbox"/>	<input type="checkbox"/>	Remove all combustibles where possible. Protect unmovable items with listed or approved fire-resistant blanket screens, curtains or metal shields.
<input type="checkbox"/>	<input type="checkbox"/>	Verify no combustibles on the other sides of adjacent walls and inside enclosed equipment. Protect as needed.
<input type="checkbox"/>	<input type="checkbox"/>	All wall and floor openings shall be covered. Ducts and conveyors that might carry sparks to distant combustible materials covered, protected, or shut down.
<input type="checkbox"/>	<input type="checkbox"/>	No danger exists by conduction of heat into another room or area through pipes, walls, or structural members.
<input type="checkbox"/>	<input type="checkbox"/>	HWO instructed to and acknowledges to maintain continuous hot work fire watch for the duration of the work and for 30 minutes after work is completed.

Equipment Reviewed: Any changes to the reviewed equipment or site conditions must be re-inspected and or re-permitted.

Conditions & Comments: Periodic site visits may be executed. Unsafe conditions identified at any time will void any prior approvals and require permit resubmission.

PAI Signed: _____ **Date:** _____

