

Permit no. \_\_\_\_\_



# The University of Iowa HOT WORK TAG

Is this Hot Work necessary?       Is there a safer way to do the work?

Date of Hot Work: \_\_\_\_\_

Location of Hot Work: Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room #: \_\_\_\_\_

Other information on location: \_\_\_\_\_

Name of person(s) performing the Hot Work, Company, and emergency contact information (print):

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone/pager: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone/pager: \_\_\_\_\_

Type of Hot Work being performed: \_\_\_\_\_

### Department/Person Authorizing the Hot Work:

Name (print): \_\_\_\_\_ Phone/pager #: \_\_\_\_\_

- O&M
- Utilities
- Contractor: Name of Company \_\_\_\_\_
- Other University Department \_\_\_\_\_

The Hot Work area has sprinkler protection?  Yes  No  Deactivated

The Hot Work area has smoke detection?  Yes  No  Deactivated

Fire Watch required:  1 hour (minimum)     2 hour     3 hour     4 hour

Special Precautions/Instructions: \_\_\_\_\_

I verify I have reviewed the Hot Work procedures and requirements with the person(s) performing the Hot Work. *(Signature and Date of person authorizing the Hot Work):*

X \_\_\_\_\_

### Fire Watch:

Date and time Fire Watch started: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (circle)

Date and time Fire Watch ended: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (circle)

Printed name of Fire Watch: \_\_\_\_\_

I verify the dates and times are correct. *(Signature of Fire Watch):*

### On Site Pre-Hot Work

#### Safety Inspection Checklist:

Performed by person(s) doing the Hot Work

- Cutting and/or welding equipment has been inspected and found to be in good repair: free of damage or defects
- A multi-class (ABC) portable fire extinguisher of adequate size and fully charged is immediately available
- All flammable and combustible liquids have been removed from the area (at least 35' from the work area)
- All wall, floor, duct, and ceiling penetrations, where sparks may travel, have been located and sealed/covered
- All combustible materials (wood, paper, cardboard) have been moved (35' away) or covered with fire retardant tarps
- Fire alarm pull box, telephone, or cell phone is immediately available to summon Fire Department in case of a fire
- Combustible flooring/walls (wherever sparks or slag may fall) have been covered with a fire retardant tarp
- Area has been cleaned/swept to remove any other combustible material (lint, sawdust, dust, oily residues)
- Any potential for a flammable atmosphere has been eliminated
- Furniture, computers, equipment, and/or other furnishings have been protected from damage
- Fire watch duration and duties are understood

Signature of person performing the safety check:

X \_\_\_\_\_

Hot Worker

Date



When the Fire Watch has ended return this form to issuing person/department to close out the form.

# CAUTION!

## HOT WORK IN PROGRESS WATCH FOR FIRE!

IN CASE OF AN EMERGENCY:

CALL: \_\_\_\_\_

AT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CAUTION!