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 ____________________________

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/coversed

☒ 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 tarps

☒ 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 ____________________________ Date ____________________________

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

7-31/03-15
CAUTION!
HOT WORK IN PROGRESS
WATCH FOR FIRE!

IN CASE OF AN EMERGENCY:

CALL: 
AT: 


CAUTION!