

# POST AT WORK SITE POST AT WORK SITE

## TEMPORARY HOT WORK PERMIT

Permit # \_\_\_\_\_

### PART I – To be completed by supervisor

Room # \_\_\_\_\_ Building \_\_\_\_\_ Confined Space: Yes \_\_\_\_\_ No \_\_\_\_\_

Type of work to be performed: (be specific) \_\_\_\_\_

From \_\_\_\_\_ am/pm Date \_\_\_\_\_ To \_\_\_\_\_ am/pm Date \_\_\_\_\_

#### Requested by:

Department \_\_\_\_\_ Employee Name \_\_\_\_\_ Date \_\_\_\_\_

OR

Contractor Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor of Job Site (signature) \_\_\_\_\_ Date \_\_\_\_\_

Please forward this form to the Fire Code Coordinator along with a completed Pre Hot Work Check List

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### PART II – To be completed by the Fire Code Coordinator

Pre Hot Work Check List Received Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If a fire detection or fire suppression system is disarmed, University Police and the EH&S Department must be notified and a fire watch set.

Additional Comments: \_\_\_\_\_

EH&S Professional Staff (signature) \_\_\_\_\_ Date \_\_\_\_\_

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### PART III – To be completed by the job site supervisor after hot work is complete

Fire suppression and fire detection systems have been returned to proper working order \_\_\_\_\_ (supervisor's initial)

Area has been inspected one ½ hour after completion of hot work; no fire was evident \_\_\_\_\_ (supervisor's initial)

Return completed form to an EH&S Professional:

Anne Podolak or Sarah Henry  
155 McGinnies Hall  
Phone: 673-3796 Fax: 673-4860