

# Hot Work and Dust Producing Permit

WORK/PROJECT ORDER #:

PART 1: WORK INFORMATION			
		To be completed by: SUPERVISOR	
Work Performed By:	<input type="checkbox"/> CU Employee <input type="checkbox"/> Contractor		
Company/Department:			
Building:		Room/Work Area:	
Permit Start Date:		Permit Start Time:	
Permit End Date:		Permit End Time:	
Type of Work Performed (check all that apply)			
<input type="checkbox"/> Welding <input type="checkbox"/> Cutting <input type="checkbox"/> Grinding <input type="checkbox"/> Brazing <input type="checkbox"/> Torching <input type="checkbox"/> Sanding <input type="checkbox"/> Soldering			
<input type="checkbox"/> Other (Please Specify):			
Description Of Work			
ACCEPTANCE OF REQUIRED SAFETY PRECAUTIONS AND HOT WORK MONITORING			
I have read and understand <b>Carleton University's Hot Work and Dust Producing Procedures</b> and will complete the required <b>Daily Pre-Start Checklist (Part 4)</b> prior to the start of any hot work each day. In addition, appropriate monitoring will be in place and additional precautions will be implemented when required by regulation.			
Supervisor:		Phone:	
Signature:		Date:	
On site contact:		Phone:	
Please Note: The electrician will notify the site contact by text that the bypass is completed. No work is to start prior to this notification.			
For issues contact the <b>FMP Service Center at 613-520-3668.</b>			

PART 2: WORK REQUEST REVIEW		
To be completed by: CARLETON PROJECT REPRESENTATIVE		
Name:	Phone:	Date:
Zoned building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire watch required beyond work zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupants notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bypass required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Notes:		
Signature:		



## Hot Work and Dust Producing Permit

### PART 4: DAILY PRE-START CHECKLIST

To be completed by: **WORKER/CONTRACTOR**

Date: \_\_\_\_\_ Building: \_\_\_\_\_ Work order/Project #: \_\_\_\_\_

#### GENERAL SAFETY PRECAUTIONS

YES N/A

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| 1. Communication device(s) (i.e., cell phone) is available for immediate use in case of an emergency  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Fire extinguisher and safety devices (i.e., smoke eaters, welding screens) are present, in service and in good operating condition. Note: Extinguishers to be UL Type 4A40BC per Construction Reg. 213 | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Identification of Smoke/fire detectors affected AND that the certified electrician has confirmed devices are disabled.   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Sign all affected fire alarm pull stations as not in service, indicate the nearest active pull station.  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hot Work equipment is in good operating condition.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. An assessment and steps have been completed to mitigate worker risks when completing the work (i.e., ventilation needs, air purging/scrubbing)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Appropriate Personal Protection Equipment is provided and in good operating condition  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

#### REQUIREMENTS WITHIN 10 METRES OF HOT/DUST WORK

YES N/A

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 8. Work Area is clearly delineated with signs and/or barriers to restrict access and exposure                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. All sprinkler heads and smoke detectors are covered if they are vulnerable due to the work                                | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10. Ventilate the area with appropriate ventilating equipment, if there is a risk due to smoke or dust exposure              | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Suspend any nearby activity that could constitute a risk (dust collector, nearby painter, use of solvents or glues etc.) | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. No risk of explosive atmosphere, or it has been eliminated (gas, vapours, dust)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. All flammable liquids, dust, powders and oily products have been removed   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. All combustible materials have been removed from the work area   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. Floors are swept and clear of debris   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Openings in ceilings, floors and walls are protected   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 17. All other hazards that may result in damage, injury or loss to personnel and property are identified and controlled      | <input type="checkbox"/> | <input type="checkbox"/>            |

#### HOT WORK MONITORING (DURING AND AFTER WORK)

YES N/A

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 18. A trained Hot Worker has been assigned   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 19. The Hot Worker was provided with suitable extinguishers  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 20. Workers are trained in use of equipment, sounding the alarm and notifying Department of University Safety  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. A Fire Watch provided for 60 minutes after the completion of work, or for 3 hours after the completion of open flame torch work (2 hours if a hand held thermal scanner is used) | <input type="checkbox"/> | <input type="checkbox"/>            |
| 22. All devices protected and covered prior to the start of work are uncovered and able to operate properly  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Worker (PRINT) : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All copies of the daily pre-start checklist must be **kept on site until the completion** of work. In the event of a fire or fire alarm the checklist may be required. At the end of the project all checklist must be **returned to the FMP Service Centre**.