

HOT WORK PERMIT

WORK ORDER/PROJECT #:

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 Carleton University's Hot Work and Dust Producing Procedures and will complete the required Daily Pre-Start Checklist (Part 4) 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 FMP Service Center at 613-520-3668.			
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:			

FORM #823-06/20



FOR EMERGENCY CONTACT CSS 613-520-4444

FOR SERVICE CONTACT FMP 613-520-3668

HOT WORK 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 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 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 type="checkbox"/>
7. Appropriate Personal Protection Equipment is provided and in good operating condition		<input type="checkbox"/>	<input 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 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 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 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 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 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.			

FORM #823-06/20



FOR EMERGENCY CONTACT CSS 613-520-4444

FOR SERVICE CONTACT FMP 613-520-3668