

# 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<br><input type="checkbox"/> Other (Please Specify):   |  |                                     |  |
| Description Of Work  |  |                                     |  |
|  |  |                                     |  |
| ACCEPTANCE OF REQUIRED SAFETY PRECAUTIONS AND HOT WORK MONITORING  |  |                                     |  |
| <p>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.</p> |  |                                     |  |
| Supervisor:  |  | Phone:                              |  |
| Signature:   |  | Date:                               |  |
| On site contact:   |  | Phone:                              |  |
| <p>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.<br/>           For issues contact the <b>FMP Service Center at 613-520-3668.</b></p>  |  |                                     |  |
| 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**

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| 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: _____                   |
| <p>All copies of the daily pre-start checklist must be <b>kept on site until the completion</b> 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 <b>returned to the FMP Service Centre.</b></p> |                          |                               |

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