Permit for Work with Welding, Cutting, Grinding, or Open Flame

1. Building

2. Location

3. Describe Job and Materials Being Used

4. Valid Period (12 hours maximum)

from (date/time): _____

to (date/time): _____

5. 12-hr Extensions. Indicate start date, start time, and work supervisor's initials on each line for 12-hr permit extensions and obtain Building Manager's verbal approval for each extension:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____

6. Complete Job Checklist

Yes	NA		Yes	NA	
☐	☐	Is fire system in service (if applicable)?	☐	☐	Are wall/ floor openings protected/covered?
☐	☐	Are surface piping/electrical systems protected?	☐	☐	Are smoke detectors removed from service?
☐	☐	Are painted surfaces protected?	☐	☐	Have flammable atmospheres been neutralized?
☐	☐	Have combustibles within 35 ft been removed or protected (2 ft. for non-spark-producing activities)?			

7. Complete Fire Watch Checklist

- ☐ Nearest fire alarm box located or phone available.
- ☐ Job site in compliance with permit.
- ☐ Fire watch (not building) fire extinguisher present (minimum 10 lb ABC).
- ☐ Fire watch training completed.

Fire Watch initials and date: _____

8. Determine Need for Critical Work Area Approval. If any box below is checked, approval of a Fire Protection Engineer is required:

- ☐ Is the area within 35 ft of a radiological material storage area, critical ventilation system, or a combustible glovebox?
- ☐ Is the area used for storage and/or transfer of flammable and/or combustible liquids?
- ☐ Is the work being conducted on building roofs or exterior walls? In a confined space? In a hot cell? Other?

_____ _____

Fire Protection Engineer Date

9. Indicate Special Instructions or waivers

10. Obtain Approvals

_____ _____

Originator of Permit Date

Signature indicates preparations have been completed and comply with requirements.

_____ _____

Supervisor (if different than originator) Date

Signature indicates job location meets above requirements.

_____ _____

Building Manager Date

Approval indicates permission is granted to do identified work at indicated location.

11a. Fire watch completion for initial and 12-hr Work Extensions. Indicate completion of fire watch by work supervisor's or any staff member involved in the work by initialing for each 12-hr work period:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

11b. Work Completed (may be completed by the originator of the permit, the work supervisor, or any staff member involved in the work)

- ☐ 1/2-hr fire watch is conducted.
- ☐ Work area is cleaned up and fire extinguishers removed.
- ☐ Return permit to Building Manager.

_____ _____

Signature Date

Signature indicates work is completed.