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| **Subcontractor 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 35ft 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 10lb 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. | | |

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