# **HOT WORK PERMIT**

### STOP!

Avoid hot work when possible! Consider using an alternative cold work method.

This Hot Work Permit is required for any temporary operation involving open flames or producing heat and or/ sparks conducted outside a Hot Work Designated Area. This includes, but is not limited to: brazing, cutting, grinding, soldering, torchapplied roofing and welding.

Instructions for Performing Authority	.,	Required Precautions			
Specify the precautions to take.	Y NA	The fire numb is in eneration and switched to automatic			
2. Fill out Page 1 and obtain signature from ORM (leave pg.		The fire pump is in operation and switched to automatic.  Control valves to water supply for sprinkler system are			
1 with ORM).		open			
3. Keep Page 2 at job site until work is complete.		Extinguishers are in service/operable			
4. Sign off the final check on Page 2, and return permit to		Hot work equipment is in good working condition			
the Office of Risk Management.					
		Requirements within 35 ft. (10 m) of hot work			
		Shield combustible construction using listed Approved			
HOT WORK BY		welding pads, blankets and curtains. Remove combustibles or shield nonremovable			
☐ Employee		combustibles using listed Approved welding pads,			
☐ Contractor		blankets and curtains.			
LOCATION OF WORK (BUILDING/FLOOR/OBJECT)		Isolate potential sources of flammable gas, ignitable			
		liquid or combustible dust/lint (e.g., shut down			
WORK TO BE PERFORMED		equipment).			
WORK TO BE FERI ORIVIED		Remove ignitable liquid, combustible dust/lint and			
		combustible residues. Shut down ventilation and conveying systems.			
NAME OF PERFORMING AUTHORITY OF HOT WORK		Remove combustibles and consider a second fire watch			
		on opposite side of floor, wall, ceiling or roof when			
		openings exist or thermally conductive materials pass			
NAME OF PERSON(S) PERFORMING FIRE WATCH		through.			
		Is work being performed in a laboratory, confined space,			
		paint booth or on a combustible building assembly [e.g.,			
I verify the above location has been examined, the Required		Torch-Applied Roofing]? If yes, please consult EHS and			
Precautions have been taken, and permission is authorized for this		provide <b>ADDITIONAL REQUIRED PRECAUTIONS</b> below.			
work.		Fire watch/fire monitoring the hot work area			
OFFICE OF RISK MANAGEMENT (PRINT AND SIGN)		Times listed are sufficient for majority. Use Table at back			
Name:		of permit for guidance for combustible concealed			
		cavities, roof work or other favorable factors.			
Signature:		Perform a continuous fire watch during hot work.			
Date Issued:		Perform a continuous fire watch post-work for			
THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT)		□ 30 minutes or Other hours.			
DATE: TIME: AM/PM		Perform 3 hour fire monitoring check, if required.			
		ADDITIONAL REQUIRED RECAUTIONS.			
		ADDITIONAL REQUIRED PRECAUTIONS:			
<b>NOTE:</b> Emergency Notification on back of form.					
0 811.44					
Owner: Risk Management Document Number: SF-016-1					
Date last revised: 04-25-2019					
Date last revised. 94-23-2013					

# **HOT WORK PERMIT**

### STOP!

Avoid hot work when possible! Consider using an alternative cold work method.

This Hot Work Permit is required for any temporary operation involving open flames or producing heat and or/ sparks conducted outside a Hot Work Designated Area. This includes, but is not limited to: brazing, cutting, grinding, soldering, torchapplied roofing and welding.

5. Specify the precautions to take. 6. Fill out Page 1 and obtain signature from ORM (leave pg. 1 with ORM). 7. Keep Page 2 at job site until work is complete. 8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  HOT WORK BY  Employee Contractor LOCATION OF WORK (BUILDING/FLOOR/OBJECT)  WORK TO BE PERFORMED  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERSON(S) PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  Signature: Date is sued: This PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT) DATE: I IME: AM/PM  Mork Complete Confirmation: Performing Authority Name: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Final Check Finish Time: Signature: Final Check Finish Time: Am/pm Name:  Final Check Finish Time: Am/pm Name:  Final Check Finish Time: Am/pm PAME Finish Time: Am/pm PLEASE RETURN COMPLETED PERMITS TO ORM	Instructions for Performi	ng Authority			Required Precautions			
Control valves to water supply for sprinkler system are open.  1 with ORM).  1. Keep Page 2 at job site until work is complete.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  Requirements within 35 ft. (10 m) of hot work shield combustible construction using listed Approved welding pads, blankets and curtains.  Requirements within 35 ft. (10 m) of hot work shield combustible construction using listed Approved welding pads, blankets and curtains.  Remove combustibles or shield nonremovable combustible dust/lint (e.g., shut down equipment).  WORK TO BE PERFORMED  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERSON(S) PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN)  Name:	<b>5.</b> Specify the precautions to take.				The fire numb is in energtion and switched to automatic			
Open  7. Keep Page 2 at job site until work is complete.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  **Requirements within 35 ft. (10 m) of hot work Shield combustible construction using listed Approved welding pads, blankets and curtains.  **Remove combustibles or shield nonremovable combustibles or shield nonremovable combustibles or shield nonremovable combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles or shield nonremovable combustibles or shield nonremovable combustibles or shield nonremovable combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles or shield nonremovable combustibles or shield nonremovable combustibles and curtains.  **Remove combustibles or shield nonremovable combustibles or shield nonremovable combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles or shield nonremovable combustibles or shield nonremovable combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles using listed Approved welding assign listed approved welding pads, blankets and curtains.  **Remove combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles using listed Approved welding pads, blankets and curtains.  **Remove combustibles using listed Approved welding bads, blankets and curtains.  **Remove combustibles using listed Approved welding bads, blankets and curtains.  **Remove combustibles using listed Approved welding bads, blankets and curtains.  **Remove combustibles using listed Approved welding bads, blankets and curtains.  **Remove combustible using listed Approved welding bads, blankets and curtains.  **Remove combustible using listed Approved welding bads with the combustible using does with th	_	re from ORM (lea	ave pg.					
7. Keep Page 2 at job site until work is complete.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.  8. Sign off the final check on Page 2, and return permit to the Work Shield combustible construction using listed Approved welding pads, blankets and curtains.  8. Sign of the Check Shield combustible construction using listed Approved welding pads, blankets and curtains.  8. Sign of the Shield combustible construction using listed Approved welding pads, blankets and curtains.  8. Sign of the Shield combustible construction using listed Approved welding pads, blankets and curtains.  8. Sign of the Shield combustible construction using listed Approved welding pads, blankets and curtains.  8. Sign of the Shield combustible residues.  8. Shut down ventilation and conveying systems.  8. Remove combustible construction using listed Approved welding pads, blankets and curtains.  8. Swent down entilation and conveying systems.  8. Remove combustible combustible construction using listed Approved welding pads, blankets and curtains.  8. Swent down entilation and conveying systems.  8. Remove combustible residues.  8. Swent dow	1 with ORM).							
8. Sign off the final check on Page 2, and return permit to the Office of Risk Management.    Hot work equipment is in good working condition	<ol><li>Keep Page 2 at job site until work</li></ol>	is complete.			·			
Requirements within 35 ft. (10 m) of hot work Shield combustible construction using listed Approved welding pads, blankets and curtains.  Remove combustibles or shield nonremovable combustible stated approved welding pads, blankets and curtains.  Isolate potential sources of flammable gas, ignitable liquid or combustible dust/lint (e.g., shut down equipment).  Remove combustible voil in (e.g., shut down ventilation and conveying systems.  Shut down ventilation and conveyin	8. Sign off the final check on Page 2,	and return perm	nit to		. ,			
HOT WORK BY  Employee Contractor LOCATION OF WORK (BUILDING/FLOOR/OBJECT)  WORK TO BE PERFORMED  WORK TO BE PERFORMED  NAME OF PERFORMING AUTHORITY OF HOT WORK  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name: Signature: Date Issued: THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT) DATE: TIME: MORK TO MED FINISH Time: Signature: Finish Time: Signature: Signature: Signature: Finish Time: Signature:	the Office of Risk Management.							
HOT WORK BY  □ Employee □ Contractor LOCATION OF WORK (BUILDING/FLOOR/OBJECT)  WORK TO BE PERFORMED  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERFORMING AUTHORITY OF HOT WORK  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  Signature:  Other Coffice OF RISK MANAGEMENT (PRINT AND SIGN) Name:  Signature:  Date issued:  I work Complete Confirmation: Performing Authority Name:  Signature:  Date Start Time:  AM/PM  Hot Work Date:  Start Time:  Signature:  Post-Work Fire Watch Finish Time:  Signature:  Signature:  Signature:  Signature:  Final Check Finish Time:  Am/pm  PREASE RETURN COMPLETED PERMITS TO ORM								
Remove combustibles or shield nonremovable combustibles using listed Approved welding pads, blankets and curtains.   Isolate potential sources of flammable gas, ignitable liquid or combustible dust/lint (e.g., shut down equipment).   Remove ignitable liquid, combustible dust/lint (e.g., shut down equipment).   Remove ignitable liquid, combustible dust/lint (e.g., shut down equipment).   Remove ignitable liquid, combustible dust/lint and combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustible residues.   Shut down ventilati					9 ,,			
Contractors  LOCATION OF WORK (BUILDING/FLOOR/OBJECT)  WORK TO BE PERFORMED  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:  Date Issued:  THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT) DATE:  TIME:  AM/PM  Hot Work Date:  Signature:  Finish Time:  MORK Complete Confirmation: Performing Authority Name:  Signature:  Signature:  Signature:  Signature:  Finial Check  Finish Time:  m/pm Name:  Finial Check  Finish Time:  m/pm PELASE RETURN COMPLETED PERMITS TO ORM	HOT WORK BY				• • •			
Contractor	☐ Employee							
WORK TO BE PERFORMED    Combustible dust/lint (e.g., shut down equipment).   Remove ignitable liquid, combustible dust/lint and combustible residues.   Remove combustible dust/lint and combustible residues.   Remove combustible residues.   Remove combustible residues.   Remove combustible residues.   Remove combustible and consider a second fire watch on opposite side of floor, wall, ceiling or roof when openings exist or thermally conductive materials pass through.   Is work being performed in a laboratory, confined space, paint booth or on a combustible building assembly [e.g., Torch-Applied Roofing]? If yes, please consult EHS and provide ADDITIONAL REQUIRED PRECAUTIONS below.   Fire watch/fire monitoring the hot work area   Image: Sisted are sufficient for majority. Use Table at back of permit for guidance for combustible concealed cavities, roof work or other favorable factors.   Perform a continuous fire watch during hot work.   Perform a continuous fire watch during hot work.   Perform a continuous fire watch during hot work.   Perform a continuous fire watch post-work for   30 minutes or Other   hours.   Perform 3 hour fire monitoring check, if required.   ADDITIONAL REQUIRED PRECAUTIONS:   Perform 3 hour fire monitoring check, if required.   ADDITIONAL REQUIRED PRECAUTIONS:   Perform 3 hour fire monitoring check, if required.   PLEASE RETURN COMPLETED PERMITS TO ORM					9 ,,			
WORK TO BE PERFORMED    equipment . Remove ignitable liquid, combustible dust/lint and combustible residues.   Shut down ventilation and conveying systems.   Remove combustibles and consider a second fire watch on opposite side of floor, wall, ceiling or roof when openings exist or thermally conductive materials pass through.   Is work being performed in a laboratory, confined space, paint booth or on a combustible building assembly [e.g., Torch-Applied Roofing]? If yes, please consult EHS and provide ADDITIONAL REQUIRED PRECAUTIONS below.   Fire watch/fire monitoring the hot work area   OFFICE OF RISK MANAGEMENT (PRINT AND SIGN)   Name:	LOCATION OF WORK (BUILDING/FLOOR/O	BJECT)						
WORK TO BE PERFORMED    Remove ignitable liquid, combustible dust/lint and combustible residues.   Remove combustible residues.   Shut down ventilation and conveying systems.   Remove combustibles and consider a second fire watch on opposite side of floor, wall, ceiling or roof when openings exist or thermally conductive materials pass through.   Is work being performed in a laboratory, confined space, paint booth or on a combustible building assembly [e.g., Torch-Applied Roofing]? If yes, please consult EHS and provide ADDITIONAL REQUIRED PRECAUTIONS below.					liquid or combustible dust/lint (e.g., shut down			
NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERSON(S) PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:	WORK TO BE DEDECORATED				· · · · · ·			
NAME OF PERFORMING AUTHORITY OF HOT WORK    Shut down ventilation and conveying systems.	WORK TO BE PERFORIVIED							
NAME OF PERFORMING AUTHORITY OF HOT WORK  NAME OF PERSON(S) PERFORMING FIRE WATCH    Remove combustibles and consider a second fire watch on opposite side of floor, wall, ceiling or roof when openings exist or thermally conductive materials pass through.   Is work being performed in a laboratory, confined space, paint booth or on a combustible building assembly [e.g., Torch-Applied Roofing]? If yes, please consult EHS and provide ADDITIONAL REQUIRED PRECAUTIONS below.    Fire watch/fire monitoring the hot work area Times listed are sufficient for majority. Use Table at back of permit for guidance for combustible concealed cavities, roof work or other favorable factors.   Perform a continuous fire watch during hot work.   Perform a continuous fire watch during hot work.   Perform a continuous fire watch post-work for a 30 minutes or Other hours.   Perform 3 hour fire monitoring check, if required.    ADDITIONAL REQUIRED PRECAUTIONS:   ADDITIONAL REQUIRED PRECAUTIONS:   Perform 3 hour fire monitoring check, if required.   PLEASE RETURN COMPLETED PERMITS TO ORM								
NAME OF PERSON(S) PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:  Signature: Date Issued:  THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT) DATE: TIME: AM/PM  Hot Work Date: Start Time: Finish Time: Work Complete Confirmation: Performing Authority Name:  Final Check Finish Time: am/pm PERSON(S) PERFORMING FIRE WATCH  Is work being performed in a laboratory, confined space, paint booth or on a combustible building assembly [e.g., Torch-Applied Roofing]? If yes, please consult EHS and provide ADDITIONAL REQUIRED PRECAUTIONS below.  Fire watch/fire monitoring the hot work area Times listed are sufficient for majority. Use Table at back of permit for guidance for combustible concealed cavities, roof work or other favorable factors. Perform a continuous fire watch during hot work. Perform a continuous fire watch during hot work. Perform 3 minutes or Otherhours. Perform 3 hour fire monitoring check, if required.  ADDITIONAL REQUIRED PRECAUTIONS:  PHEASE RETURN COMPLETED PERMITS TO ORM	NAME OF PERFORMING AUTHORITY OF HO	OT WORK						
NAME OF PERSON(S) PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:  Signature: Date Issued:  THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT) DATE: TIME: AM/PM  Hot Work Date: Start Time: Finish Time: Signature:  Post-Work Fire Watch Name:  Signature:  Post-Work Fire Watch Finish Time: am/pm Name:  Final Check Finish Time: am/pm PLEASE RETURN COMPLETED PERMITS TO ORM								
NAME OF PERSON(S) PERFORMING FIRE WATCH  I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:								
I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:	NAME OF PERSON(S) PERFORMING FIRE W	/ATCH						
I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN)  Name:					Is work being performed in a laboratory, confined space,			
I verify the above location has been examined, the Required Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:								
Precautions have been taken, and permission is authorized for this work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:	Leading the short leading has been	and the s						
work.  OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name: Signature: Date Issued: THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT) DATE: TIME: AM/PM  Hot Work Date: Start Time: am/pm Finish Time: am/pm  Work Complete Confirmation: Performing Authority Name: Signature:_ Post-Work Fire Watch Finish Time: am/pm Name: Final Check Finish Time: am/pm  PIEASE RETURN COMPLETED PERMITS TO ORM	•	•	•		provide ADDITIONAL REQUIRED PRECAUTIONS below.			
OFFICE OF RISK MANAGEMENT (PRINT AND SIGN) Name:	,	ssion is authorized	101 11115		Fire weetsh / fire manitaring the het work area			
Name:		D SIGN)						
Signature:	· ·				• •			
Date Issued: Perform a continuous fire watch post-work for 30 minutes or Other hours. Perform 3 hour fire monitoring check, if required.  Hot Work Date: Start Time: am/pm Finish Time: am/pm ADDITIONAL REQUIRED PRECAUTIONS:  Work Complete Confirmation: Performing Authority Name:  Post-Work Fire Watch Finish Time: am/pm Name:  Final Check Finish Time: am/pm					, ,			
THIS PERMIT EXPIRES ON (LIMIT AUTHORIZATION TO ONE SHIFT)  DATE: TIME: AM/PM  Hot Work Date: Start Time: am/pm Finish Time: am/pm  Work Complete Confirmation: Performing Authority Name:  Post-Work Fire Watch Name:  Final Check Finish Time: am/pm  PLEASE RETURN COMPLETED PERMITS TO ORM	Signature:				Perform a continuous fire watch during hot work.			
DATE: TIME: AM/PM  Hot Work Date: Start Time: am/pm Finish Time: am/pm Name:  Perform 3 hour fire monitoring check, if required.  Perform 3 hour fire monitoring check, if required.  ADDITIONAL REQUIRED PRECAUTIONS:  Parform 3 hour fire monitoring check, if required.  ADDITIONAL REQUIRED PRECAUTIONS:  Post-Work Fire Watch Finish Time: am/pm Name:  Final Check Finish Time: am/pm	Date Issued:				·			
DATE: TIME: AM/PM  Hot Work Date: Start Time: am/pm Finish Time: am/pm Name:  Perform 3 hour fire monitoring check, if required.  ADDITIONAL REQUIRED PRECAUTIONS:  Perform 3 hour fire monitoring check, if required.  ADDITIONAL REQUIRED PRECAUTIONS:  Post-Work Fire Watch Finish Time: am/pm Name:  Final Check Finish Time: am/pm	THIS PERMIT EXPIRES ON (LIMIT AUTHORIZ	ZATION TO ONE SH	IFT)		<del></del>			
Hot Work Date:  Start Time: am/pm Finish Time: am/pm  Work Complete Confirmation: Performing Authority Name:  Signature:  Post-Work Fire Watch Name:  Final Check Finish Time: am/pm  PLEASE RETURN COMPLETED PERMITS TO ORM	DATE: TIME:	AM/PM		ЦЦ	Perform 3 hour fire monitoring check, if required.			
Finish Time: am/pm  Work Complete Confirmation: Performing Authority Name:  Signature:  Post-Work Fire Watch Name:  Final Check Finish Time: am/pm  PLEASE RETURN COMPLETED PERMITS TO ORM	Hot Work Date: Sta		am/pm		ADDITIONAL REQUIRED RECALITIONS.			
Name:	Fin	ish Time:			ADDITIONAL REQUIRED PRECAUTIONS:			
Signature:  Post-Work Fire Watch Finish Time: am/pm Name:  Final Check Finish Time: am/pm  PLEASE RETURN COMPLETED PERMITS TO ORM	Work Complete Confirmation: Performing	Authority						
Post-Work Fire Watch Name:  Final Check Finish Time: am/pm PLEASE RETURN COMPLETED PERMITS TO ORM	Name:							
Post-Work Fire Watch Name:  Final Check Finish Time: am/pm  PLEASE RETURN COMPLETED PERMITS TO ORM	Signatura							
Name:		ich Time:	am/nm					
Final Check Finish Time: am/pm PLEASE RETURN COMPLETED PERMITS TO ORM		iisii iiiile.	aili/pili					
		ish Time:	am/pm		PLEASE RETURN COMPLETED PERMITS TO ORM			



# HOT WORK IN PROGRES! Watch for fire!

In case of emergency, call the SMU Police Department at 214-768-3333.

Dialing 9-1-1 does not directly go to SMU PD.

#### Construction and Occupancy Factors for Post-Work Fire Watch and Monitoring Periods

		Construction Factors								
		Noncombustible construction, or approved Class 1 or Class A building materials		Combustible construction without concealed cavities		Combustible construction with unprotected concealed cavities				
		Watch	Monitor	Watch	Monitor	Watch	Monitor			
	Noncombustible with any combustibles contained within closed equipment (e.g., ignitable liquid within piping)	30 minutes	0 hours	1 hour	3 hours	1 hour	5 hours			
tors	Office, retail, or manufacturing with limited combustible loading	1 hour	1 hour	1 hour	3 hours	1 hour	5 hours			
Occupancy Factors	Manufacturing with moderate to significant combustible loading except as noted below	1 hour	2 hours	1 hour	3 hours	1 hour	5 hours			
ar	Warehousing	1 hour	2 hours	1 hour	3 hours	1 hour	5 hours			
Occup	Exceptions: Occupancies with processing or having bulk storage of combustible materials capable of supporting slow-growing fires (e.g., paper, pulp, textile fibers, wood, bark, grain, coal, or charcoal)	1 hour	3 hours	1 hour	3 hours	1 hour	5 hours			

When performing torch-applied roofing, apply precautions and conduct at a minimum 2 hours fire watch and 2 hours fire monitoring. If an infrared camera is utilized, reduce to 1 hour fire watch and 1 hour fire monitoring.

When performing hot work on/in equipment containing nonremovable combustible lining or parts, apply additional precautions and conduct a minimum 1 hour fire watch and 3 hours fire monitoring within the equipment, and in the surrounding areas per Table above.

