

**MICHIGAN STATE UNIVERSITY
HOTWORK PERMIT**

Permit No. _____

GENERAL INFORMATION

Worksite Identification: _____

Hotwork to be Performed: _____

Location/Building: _____

Authorized Duration of Permit:

Date: _____ To: _____

Time: _____ To: _____

SOURCE OF IGNITION

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Acetylene torch | <input type="checkbox"/> Electric tools | <input type="checkbox"/> Soldering |
| <input type="checkbox"/> Abrasive saw | <input type="checkbox"/> Heliarc welding | <input type="checkbox"/> Drilling |
| <input type="checkbox"/> Electric arc | <input type="checkbox"/> Propane torch | <input type="checkbox"/> Other: _____ |

SOURCE OF IGNITION

**THIS HOTWORK PERMIT MAY BE SIGNED AND
HOTWORK AUTHORIZED ONLY AFTER
SATISFACTORY COMPLIANCE WITH ALL ITEMS
OUTLINED IN THIS PERMIT.**

- | | |
|---|--|
| <input type="checkbox"/> Floors swept clean of combustibles? | <input type="checkbox"/> Building/area air currents and outdoor wind direction known? |
| <input type="checkbox"/> Remaining combustible or flammable materials 35 feet horizontally as well as vertically from source of heat? | <input type="checkbox"/> Hazardous material spill release equipment and countermeasures available? |
| <input type="checkbox"/> Non-movable combustible or flammable materials isolated, covered/shielded with fire retardant material? | <input type="checkbox"/> Supervisor notified work location and time of operation? |
| <input type="checkbox"/> Vertical and horizontal openings within 35 feet sealed or covered for spark/vapor control? | <input type="checkbox"/> Involved personnel and contractor employees advised of hazards? |
| <input type="checkbox"/> Heat transmission, conduction, radiation controlled? | <input type="checkbox"/> Means of egress identified and available? |
| <input type="checkbox"/> Hazardous material transfers disconnected within 60 feet of hot work? | <input type="checkbox"/> Fire protection equipment available and operational? |
| <input type="checkbox"/> Lockout/tagout of electrical, mechanical, chemical, blanking, cap piping implemented? | <input type="checkbox"/> Automatic fire extinguisher system operational? |
| <input type="checkbox"/> Vessels, equipment drained, purged, ventilated, cleaned? | <input type="checkbox"/> Oxygen-rich environment evaluated? |
| <input type="checkbox"/> Inert gas blanket required? | <input type="checkbox"/> Continuous monitoring of atmospheric conditions maintained? |
| <input type="checkbox"/> Welding, cutting fume ventilation or respirator required? | <input type="checkbox"/> Checking for flammable/combustible gas and oxygen levels? |
| <input type="checkbox"/> Work areas and adjacent areas where sparks may have spread checked out 30 minutes after work completed? | <input type="checkbox"/> Special danger, caution, warning signs posted? |
| | <input type="checkbox"/> Trenches over four feet deep shored or sloped? |
| | <input type="checkbox"/> Firewatch provided during work and 30 minutes after completion of work? |

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APPROVALS AND AUTHORIZATIONS

This permit is valid only so long as work conditions existing at the time of issuance continue. It expires on any change in condition that adversely affects safety of the work area while work is in progress.

**STOP WORK IMMEDIATELY IF EMERGENCY ALARM SIGNALS AN EMERGENCY IN
OR NEAR YOUR WORK AREAS. FOLLOW FIRE INSTRUCTIONS.**

I have personally inspected the location where the above work is to be done. I have checked for compliance with the safety precautions listed on the permit and authorized the work to be performed.

| Title | Printed Name | Signature | Date |
|----------------------------|---------------------|------------------|-------------|
| <u>Originator/Approver</u> | _____ | _____ | _____ |
| <u>Safety Officer</u> | _____ | _____ | _____ |
| <u>Welder</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

THIS PERMIT MUST BE POSTED ON JOB SITE--GOOD ONLY ON INDICATED DATE