



HOT WORK PERMIT FOR CONTRACTORS

FOR CUTTING, WELDING, OR OTHER HOT WORK

Date of Issue:

Time Issued:

VA Project Title/Number:

Contractor:

Building/Location of Work:

Description of Work:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are sprinklers in service where installed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are cutting, welding, and other open flame torches in good repair? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is work area thoroughly ventilated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Within 35 feet of actual work: | | |
| a. Are floors swept clean of combustible materials? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Are combustible materials/flammable liquids removed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Are wall and floor openings covered? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Are covers suspended beneath work to collect sparks? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are sprinkler heads in close proximity protected? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are non-combustible shields provided near walls, partitions, floors, and roofs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do unit and atmospheric conditions permit safe work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Is fire extinguisher with adequate rating available in the immediate vicinity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Are personnel trained on fire extinguisher use and sounding a fire alarm? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Is fire watch provided during and 30 minutes after operation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Have precautions been taken to prevent fire in accordance with NFPA 51B? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. List required PPE being used in the work area. | | |

The location of the work has been examined, and permission is granted for this work.

Contractor (sign/date)

COR (sign/date)

Safety (sign/date)

Date of Issue:

Time Issued: 0000

VA Project Title/Number:

Contractor: Sentinel Builders, LLC

Building/Location of Work: 1D-1, Area above OPP Waiting Room

Description of Work: Sawcutting metal studs

Fire Watch

Time Hot Work Started _____

Time Hot Work Completed _____

Work area and all adjacent areas to which sparks and heat might have spread (including floors above and below and on opposite sides of the wall) were inspected 30 minutes after the work was completed and were found fire-safe.

Contractor conducting Fire Watch (sign/date/time at completion of "watch")