

# University of New Haven HOT WORK PERMIT

PERMIT NO. \_\_\_\_\_

**SECTION A: General Information - To be completed by Permit Requestor**

Issued To: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Name

Date: \_\_\_\_\_ From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm)

Location of Work: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**SECTION B: Tools Required (Must include ALL flame/spark producing tools being used)**

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| _____ Torch                        | Welding Machine                       |
| _____ Grinder                      | Electrically Driven Equipment/Machine |
| _____ Drill or Saw                 | Other                                 |
| _____ Engine (internal combustion) | Other                                 |
| _____ Hammer (chipping/jack)       |                                       |

**SECTION C: Equipment Preparation and Safety List**

Determine whether the items below are required and INITIAL when they are completed.

Equipment and Work Area Preparation	Needed?		Complete and Satisfactory	Safety Equipment and Precautions	Needed?		Complete and Satisfactory
	Yes	No			Yes	No	
Empty Vessel/Tank				Received Training on: Safe Work Practices Location of Emergency Equip Hot Work Permit Procedure Use of Fire Safety Equipment Fire Safety Equipment Present Water Air Blower Face Shield Barricades  Other  Special Safety Instructions  Fire Watch Posted  Name Signature <div style="text-align: right; margin-right: 50px;">Fire Watch</div> Sprinklers Present & Functional Smoke Detectors and Alarms Disabled through campus Police Provisions made for 2 hour reinspection			
Vent							
Purge							
Blind or Disconnect							
Wash							
Steam							
Cool							
Ventilate							
Energy Lockout							
Equipment Tagging							
Combustible Material Removed or Shielded							
Other Permits Required							
Decomposition reaction potential minimized							
Atmosphere Evaluation			Record Results				
Oxygen Content %							
Explosive Gases							
Toxic Gases (specify)							
Other							

Equipment Prepared By \_\_\_\_\_

Supervisors Approval: \_\_\_\_\_

Facilities Manager : \_\_\_\_\_  
(or designee)

Associate VP Public Safety:  
(or designee)