HOT WORK PERMIT

Location: ________________________________

Person(s) doing the work is a:
- University Employee [ ]
- Contractor Employee [ ]

Corporate name of contractor: ______________________________
Contractor project Manager: ________________________________
Phone: ________________________________

CUMC Project Manager: ________________________________

Fire Department Certificate of Fitness Required

Welder/Torch Operator
Name: ________________________________
Certificate # and Exp.: ________________________________

Fire Guard Name: ________________________________
Certificate # and Exp.: ________________________________

Type of hot work:
- Arc Welding [ ]
- Brazing [ ]
- Grinding [ ]
- Soldering [ ]
- Thawing [ ]
- Torch applied roof [ ]
- Other [ ] ________________________________

Facilities Operations will perform a Visual inspection
By: ________________________________
At: ________________________________
Date: ________________________________
Time: ___ AM/PM
Signature: ________________________________

Time Torch Work Completed: ________________________________

Time Fire Guard final inspection: ________________________________
(Fire Guard must provide fire watch for 60 minutes after torch work completed)
Fire Guard sign and return to Facilities Office: ________________________________

THE CONTRACTOR CERTIFIES THAT THE FOLLOWING PRE-HOT WORK CHECK WILL BE FOLLOWED ALONG WITH STANDARD SAFETY PROCEDURES FOR AS LONG AS THE PERMIT IS EFFECTIVE.

A) All persons performing hot work possess certificates of fitness.
B) Fire Guard personnel are present for 60 minutes after conclusion of torch work (prescribed by the RCNY 38-03/ FDNY Fire Code 2604).
C) Workers have their own fire extinguisher(s).
D) The hot work equipment is in good working order.
E) The hot work area is clear of combustibles and flammable solids or that such materials present in the area are at a distance of 35 feet.
F) Exposed construction is of noncombustible material or, if combustible, is protected.
G) Openings are protected or sealed with non-combustible material.
H) Hot work area floors are clear of combustible waste accumulation.
I) Approved actions have been taken to prevent accidental activation of extinguishing and detection equipment in accordance with “Notice of Shutdown Procedures”.

FAILURE TO FOLLOW ANY OF THESE PRECAUTIONS MAY RESULT IN THE REVOCATION OF THIS PERMIT.

Contractor/operator: ________________________________
Signature: ________________________________
Date: ________________________________

If entry into a Permitted Confined Space is necessary, a copy of the Confined Space Permit must be attached.
WARNING!

COLUMBIA UNIVERSITY MEDICAL CENTER
AUTHORIZATION
HOT WORK IN PROGRESS
WATCH FOR FIRE!

IN CASE OF AN EMERGENCY CALL:

COLUMBIA UNIVERSITY
PUBLIC SAFETY

FIRE: 212.305.7979
PARAMEDIC: 212.305.7979
FDNY: 911

POST PERMIT IN WORK AREA