



Hot Work Permit Request

A hot work permit is required for any operation on UCF properties involving open flame or producing heat and/or sparks. All precautions as required by University Policies and Procedures, the Florida Fire Prevention Code, NFPA 51B, OSHA 1910.252, and ANSI Z49.1 must be met or the Hot Work is not permitted.

Section 1: Hot Work Operator (HWO)

Instructions:

1. Verify UCF HWO's as staff, students, and/or employees have completed Hot Work Safety Training. Contractors are required to have an established hot work program with approved operators and designated PAI.
2. Fill in Section 1 completely. Incomplete forms will not be approved.
3. Print form and turn into your Permit Authorizing Individual (PAI) or Environmental Health and Safety (EH&S) at least five (5) work days prior to requested work start date for completion of Section 2 on site at time of work start.
4. Obtain approval signatures, verify site, execute work as described and in accordance with any conditions noted on page 2, and remain on site for fire watch for 30 minutes after work has been completed.

Hot Work Done by:

- Contractor - **Completed company Hot Work Permit signed by company designated PAI required.** Attached – Yes .
- UCF Facilities and Safety Employee Other: _____

HWO Name (UCF or Contractor)	
HWO Phone Number	
HWO UCF Department or Contractor Name	
UCF Supervisor or Project Manager Name	
UCF Supervisor or PM Phone Number	
Contractor Phone Number	

Work Location Type:

- Incidental Work Occupied Building Construction Site Ongoing Designated Area Emergency Repair

Location description (be specific):

Building Name	
Building Number	
Floor and Room or Area Description	

Work Schedule. Initial request not to exceed 14 days but may be extended with additional site review.

Date(s)		Times(s)	
Duration Day(s)			

Extended Days Requested		Extended Site Visit Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By	

Description of Work and Equipment Used (Type and Manufacturer):

HWO Signed:	Date:
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Hot Work Permit Request

Building Number _____ Date _____ from Page 1

Section 2: PAI or EH&S Review

PAI Name	
PAI Contact Phone Number	
PAI UCF Department Name	

PAI Checklist. PAI to verify the items below prior to work start.

YES	N\A	
<input type="checkbox"/>	<input type="checkbox"/>	HWO has had appropriate safety training as applicable (confined space, ladder safety, PPE, fire safety, hot work, etc).
<input type="checkbox"/>	<input type="checkbox"/>	Hot work equipment is in good working condition in accordance with the manufacturer's specifications.
<input type="checkbox"/>	<input type="checkbox"/>	Flash back arrestors properly installed.
<input type="checkbox"/>	<input type="checkbox"/>	Electrical components in good condition.
<input type="checkbox"/>	<input type="checkbox"/>	PPE and area protective equipment provided, approved to ANSI standards, and in good useable condition.
<input type="checkbox"/>	<input type="checkbox"/>	Shields in place for any area visible by others where bright light would be irritating to vision.
<input type="checkbox"/>	<input type="checkbox"/>	Facilities coordination in place for alarm and suppression system fire watching (separate from hot work watch).
<input type="checkbox"/>	<input type="checkbox"/>	Available sprinklers, hose streams, and extinguishers are in service/operable.
<input type="checkbox"/>	<input type="checkbox"/>	Confined space entry permit obtained where required and lockout tag out procedures followed.
<input type="checkbox"/>	<input type="checkbox"/>	Ample ventilation is provided to remove smoke fumes and vapors from work area.
<input type="checkbox"/>	<input type="checkbox"/>	Personnel and equipment properly supported for elevated hot work.
<input type="checkbox"/>	<input type="checkbox"/>	Fire-resistant blanket suspended beneath elevated work.
<input type="checkbox"/>	<input type="checkbox"/>	Fire watch is supplied with suitable extinguishers and is trained in use of this equipment and in sounding alarm.
<input type="checkbox"/>	<input type="checkbox"/>	Fuel or gas filled equipment is shut down and purged prior to work.
<input type="checkbox"/>	<input type="checkbox"/>	Flammable liquids, dust, lint and oil deposits removed from area or protected.
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous or explosive atmospheres in area eliminated and verified with monitor/detector.
<input type="checkbox"/>	<input type="checkbox"/>	Floors swept clean of combustibles and any trash removed.
<input type="checkbox"/>	<input type="checkbox"/>	Area construction is noncombustible, without combustible covering or insulation, and requires no specific protective measures.
<input type="checkbox"/>	<input type="checkbox"/>	Combustible floors and area components wetted down or covered with fire-resistant materials sheets or damp sand.
<input type="checkbox"/>	<input type="checkbox"/>	PPE provided from electrical shocks in damp locations.
<input type="checkbox"/>	<input type="checkbox"/>	Remove all combustibles where possible. Protect unmovable items with listed or approved fire-resistant blanket screens, curtains or metal shields.
<input type="checkbox"/>	<input type="checkbox"/>	Verify there are no combustibles on the other sides of adjacent walls and inside enclosed equipment. Protect as needed.
<input type="checkbox"/>	<input type="checkbox"/>	All wall and floor openings covered. Ducts and conveyors that might carry sparks to distant combustible materials covered, protected, or shut down.
<input type="checkbox"/>	<input type="checkbox"/>	No danger exists by conduction of heat into another room or area through pipes, walls, or structural members.
<input type="checkbox"/>	<input type="checkbox"/>	HWO instructed to and acknowledges to maintain continuous hot work fire watch for the duration of the work and for 30 minutes after work is completed.

Equipment Reviewed (Type and Manufacturer):

Any changes to the reviewed equipment or site conditions must be re-inspected and or re-permitted.

Conditions & Comments:

Periodic site visits may be executed. Unsafe conditions identified at any time will void any prior approvals and require permit resubmission.

PAI: Sign and complete this form. Provide a copy to HWO and a separate copy to EH&S.

PAI Signed:	Date:
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