

REQUIRED PRECAUTIONS CHECKLIST

General

1. ___ Available sprinkler protection in service.
2. ___ Fire alarm in service.
3. ___ Hot work equipment in operable condition/good repair.
4. ___ Adequate escape routes from area for workers and building/area occupants.
5. ___ Adequate shielding protection to public.
6. ___ Signs posted.

Requirements Within 35 Feet Radius

7. ___ Flammable/combustible materials removed.
8. ___ Fire-resistive tarpaulin or metal covers for item #4 that cannot be removed.
9. ___ Explosive atmosphere in area eliminated.
10. ___ Floors swept clean (dust, lint, oily deposits removed).
11. ___ Combustible floors? Contact EHS (452.3477)
12. ___
13. ___ All wall/floor openings covered.
14. ___ Fire-resistive tarpaulins suspended beneath work.

Work On Walls or Ceiling

15. ___ Construction is noncombustible and without combustible covering or insulation.
16. ___ Combustible construction? Contact EHS (452.3477)
17. ___ Combustibles on either side of walls moved away.

Miscellaneous

17. ___ Nearest fire alarm pull station location

18. ___ Other Precautions:

Work on Enclosed Equipment

19. ___ Enclosed equipment cleaned of all combustibles.
20. ___ Containers purged of flammable liquids/vapors.
21. ___ Pressurized vessels, piping and equipment removed from service, isolated and vented.

Confined Space

22. ___ Is work area a confined space? Y / N. If Yes, STOP & obtain confined Space permit.

Fire Watch/Hot Work Area Monitoring

23. ___ Fire Watch will be present during and 30 minutes after work, including breaks & lunch.
24. ___ Fire Watch is provided with extinguishers and/or small charged line & trained in use of same, as well as alarm locations and activation of alarm.
25. ___ Additional fire watch may be necessary for adjoining areas, above and below.
26. ___ Area checked after completion of job by _____

Ventilation/ Air Quality Concerns

27. ___ Adequate ventilation? Y / N
If N, contact EHS ___ (452.3477)
28. ___ Asbestos involvement? Y / N
If Y, contact EHS ___ (452.3477)
29. ___ Lead involvement? Y / N
If Y, contact EHS ___ (452.3477)

I verify the above location(s) have been examined; the precautions checked on the "Required Precautions Checklist" have been taken to prevent fire, and permission is authorized for this work.

Authorized Hot Work Supervisor _____

MIT HOT WORK PERMIT

Type: _____					Permit#: _____
Building# (s): _____			Building Street Address: _____		
Floor: _____	Room: _____	Shaft: _____	Roof: _____	Vessel: _____	
Other: _____					
Contractor Name: _____ Contact Person: _____					
Contractor Address: _____					
Contractor Emergency Phone Number (s): _____					
MIT Department: _____ MIT Contact Person: _____					
MIT Emergency Phone Number: 253-1500 MIT Contact Person Phone #: _____					
Date: _____	to _____	Expiration Date: _____	Time: _____	to _____	Daily? Yes No
Work to be done: _____					
Equipment: _____ Acetylene Torch _____ Electric Arc Welding _____ Gas Welding/Type _____					
Other (Explain): _____					
Required Pre-Work Instructions: Verify by checkmark that the following have been explained and are understood: <input type="checkbox"/> A. Emergency Phone Numbers: Dial 100 or 253-1212/Utilize “Emergency Phones” if outside. <input type="checkbox"/> B. Notify Facilities Operations Center (253-1500) daily prior to work commencement to assure smoke detectors in the area have been disabled; and again at work completion (daily) to have smoke detectors returned to service. Operations Center will notify Campus Police. <input type="checkbox"/> C. Hot work must be stopped at least ½ hour prior to quitting time and area checked by supervisor or their designate for any signs of a smoldering fire or embers.					
Authorized Welders Workers/ Fire Watch		Equipment Authorized to Utilize		Applicable License (s):	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
Signatures below indicate all items on form have been discussed and marked appropriately. MIT AHWS Signature _____ Welder’s Signature _____					
NOTICE: REQUIRED PRECAUTIONS CHECKLIST (OTHER SIDE) MUST BE COMPLETED					

Distribution: EHS Office; MIT Facilities’ Shutdown Coordinator; Job Site; CFD.