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| (A) HOT WORK PERMIT *(spark producing activities, Open Flames, Welding, Brazing,* etc.)  |  |
| **Max permit duration is ONE shift up to 12 hours** | 01**Date**  | 02 **Start Time/ End Time** **To** **#3**  |
| **(B) DESCRIPTION OF WORK**  | **(C) LOCATION OF WORK - AREAS AFFECTED** |
| *NOTE: If permit conditions or precautions change, a new hot work permit is required.*01Name of Company:      02Type of Hot Work Equipment to be used: (describe):      | 01 Building:      02 Room #: |
| **(D) REQUIRED PRECAUTIONS, NOTIFICATIONS, AND APPROVALS** |
| 01 SFSU SAFE WORK AUTHORIZATION FORM COMPLETE | YES [ ]   | N/A [ ]  |
| 02 Required Internal Notifications and Approvals have been given (*see site-specific notifications and approvals list attached*) | YES [ ]   | N/A [ ]  |
| 03 Local Regulatory Agency Notifications and/or Permits Have Been Complied With (*see site-specific list attached*) | YES [ ]  | N/A[ ]  |
| 04 Ductwork or other systems capable of conveying/transferring sparks or flammable vapors have been properly isolated or covered, and cracks, openings in walls/floors or door/window frames are covered and/or barricaded? | YES [ ]  | N/A[ ]  |
| 05 Combustible or flammable materials, floors, or walls, within 35 feet have been identified & removed or otherwise protected?  | YES [ ]  | N/A [ ]  |
| 06 Potential interfering site operations have been investigated to identify and control hazards (such as pedestrian or vehicular traffic, use of paint, solvents or other potentially flammable materials which can create combustible atmospheres or expose employees) | YES [ ]  | N/A [ ]  |
| 06 Site of hot work has been walked by the Hot Work Authorizer to confirm identification, conditions, and potential needed controls as identified above? (Work site walk-through is mandatory) | YES [ ]  | N/A [ ]  |
| 07 Fire Extinguishers of an appropriate size and type are readily available and in good working order at the job site. | YES [ ]  | N/A [ ]  |
| 09 Appropriate local fire detection systems have been temporarily deactivated? | YES [ ]  | N/A [ ]  |
| 10 Appropriate local fire suppression systems (example: sprinklers) shall remain active throughout the hot work | YES [ ]  | N/A [ ]  |
| 11 A Fire Watch, with extinguishers at the ready, has been assigned to continually remain at the work area during hot work activities and for 30 minutes thereafter. (*Fill out Fire Watch section below*) | YES [ ]  | N/A [ ]  |
| **(E) OTHER (job-specific) PRECAUTIONS TO BE TAKEN (*describe)*** |
| 01 Additional Fire Extinguisher  | Small [ ]  | Large [ ]  | YES [ ]  | N/A [ ]  |
| 02 In areas where explosive atmospheres may exist combustible gas monitoring have been conducted | YES [ ]  | N/A [ ]  |
| 03 Continuous monitoring (*Use Continuous Gas Monitoring section below*) | YES [ ]  | N/A [ ]  |
| 04 | YES [ ]  | N/A [ ]  |
| 05 | YES [ ]  | N/A [ ]  |
| 06 | YES [ ]  | N/A [ ]  |
| **(F) FIRE WATCH INFORMATION** |
| 01 Fire Watch Name:      | 02 Contact Number:       | 03 Radio Channel:      |
| 04 Hot work scheduled to end at:       | Time:  | 05 Fire Watch scheduled to end at:       | Time:  |
| 06Location of nearest fire alarm pull station *(describe):*  |
| 07 Fire Watch Sign Off: By Signing you attest you have completed 30-minute cool down:  | *Signature:* |
| **(G) CONTINUOUS GAS MONITORING** | **MODEL:** | **ID:** | **Calibration Date:** |
| 01 Start Time:      | Stop Time:      | 02 Start Time:      | Stop Time:      |
| 03 Start Time:      | Stop Time:      | 04 Start Time:      | Stop Time:      |
| 05 Start Time:      | Stop Time:      | 06 Start Time:      | Stop Time:      |
| 07 Start Time:      | Stop Time:      | 08 Start Time:      | Stop Time:      |
| 09 Start Time:      | Stop Time:      | 10 Start Time:      | Stop Time:      |
| 11 Start Time:      | Stop Time:      | 12 Start Time:      | Stop Time:      |
| **(H) ADDITIONAL FIRE WATCH INFORMATION – (Only fill out and sign when additional fire watch is needed)** |
| 01 Provide additional Fire Watch | YES [ ]  | N/A [ ]  |
| 02 Location (s): Walking the floor of the event |
| 03 Fire Watch Name:       | 04 Contact Number:       | 05 Radio Channel:      |
| 06 Hot work scheduled to end at:       | Time:  | 07 Fire Watch scheduled to end at:       | Time:  |
| 08Location of nearest fire alarm pull station *(describe):* |
| 09 Fire Watch Sign Off: By Signing you attest you have completed 30-minute cool down:  | *Signature:* |
| **(I) WORK CREW LEADER’S ACKNOWLEDGEMENT** |
| I have read, understood and agree that all work will be performed by the Work Crew in accordance with the conditions stated on this permit and the related Safe Work Authorization form. |
| 01*Work Crew Leader’s Signature* | 02*Phone No.*  | 03*E-mail:*  |
| 04*Work Crew Leader’s Printed Name:*  | 05*Company Name:*  |
| **(J) PERMIT APPROVAL** | **YES** | **N/A** |
| *01*Preparation Work (Precautions) properly completed? | **[x]**  | **[ ]**  |
| *02*Safe Work Authorization form properly completed? | **[x]**  | **[ ]**  |
| *03*Required notifications & approvals have been given (*review site-specific notifications and approvals list attached*). | **[x]**  | **[ ]**  |
| 04Permit Schedule Approved by: | Project Manager:  | Signature: |
| 05Hot Work Permit Approved by: | Authorized SFSU Permit Approver:  | Signature: |

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| **(K) PERMIT CLOSURE** |
| 01 Permit work has been completed. Normal operations may be safely restarted: | YES  [ ]  | NO [ ]  | N/A [ ]  |
| 02 If no explain:      |
| 03Normal SFSU operations may commence safely? **[ ]** -yes [ ] -no-explain:      |
| 04*Date Work Completed:* | 05 *Work Crew Leader’s Signature:* |
| 06*Return Permit to EH&S Office:* **[ ]** -yes | 07*Date:* | 08*EH&S Signature:* |