

Date Permit Issued: Work Hours

Permit Valid from: to to

**Appendix B: MIT Hot Work Permit**

**Location**

|  |  |
| --- | --- |
| Building(s):  | Street Address:  |
| Floor:  | Room:  |
| Location Details:  |

# **MIT Contact**

|  |  |
| --- | --- |
| Project/Facility Manager:  | Department: |
| Emergency Phone Number:  | Contact Phone Number:  |

# **Contractor Contact**

|  |  |
| --- | --- |
| Company Name:  | Contact Person:  |
| Address:  | Contact Phone Number:  |
| Emergency Phone Number:  | NFPA 241 Plan: Yes No |

# **Description of Work**

**Check all that apply:**

|  |  |  |
| --- | --- | --- |
| [ ]  Soldering/Brazing | [ ]  MIG [ ]  TIG | [ ]  MIT Permit Only  |
| [ ]  Oxy-fuel Cutting or Welding | [ ]  Shielded Metal Arc Welding (stick) | [ ]  Other: |
| Description of Work: |

# **Pre-Work Checklist**

|  |
| --- |
| Verify by checkmark that the following have been explained to the contractor and are understood: [ ]  Emergency Phone Numbers: Dial **100** from any MIT phone or **617-253-1212** [ ]  Notify Facilities Operations Center (617-253-1500) daily prior to work commencement to ensure smoke detectors in area have been disabled; and again at work completion (daily) to have smoke detectors returned to service. Operations Center will notify MIT Police. [ ]  Hot work must be stopped at least **1 hour** to quitting time. The area must be checked by the fire watch for one hour after hot work is completed for any signs of smoldering fire or embers.  [ ] Hot Work Precautions Checklist will be completed daily |
|  Authorized Welder’s Workers/Fire Watch |  Equipment Authorized to Utilize | NFPA Hot Work Safety Certification (s) |
|  |  |  |
|  |  |  |
|  |  |  |

Signatures: Signatures below indicate all items on form have been discussed and marked appropriately.

**Permit Authorizing Individual (PAI) Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent/Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Confined Space** |
| 1. Is work area a confined space? If yes, STOP, and obtain Confined Space Permit.
 |  YES N/A [ ]  [ ]   |
|
|  **Ventilation/ Air Quality** |
| 1. Adequate ventilation? If no, contact MIT EHS.
2. Asbestos involvement? If yes, contact EHS.
3. Lead involvement? If yes, contact EHS.
 |  YES N/A [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
|
|  **Fire Watch/Hot Work Area Monitoring**  |
| 1. Fire Watch will be present during and 60 min. after work is completed
2. Fire Watch is provided with appropriate extinguishers and/or small charged line and trained in usage. Note: CFD permit states contractor must provide a 2.5 gallon water extinguisher.
3. Are additional Fire Watch(s) necessary for adjoining areas, above and below?
4. Area checked after completion of job by:
 |  YES N/A [ ]  [ ]  [ ]  [ ]    [ ]  [ ]   [ ]  [ ]   |
|
|  **Miscellaneous** |
| 1. Nearest fire alarm pull station location has been identified
2. Additional required precautions:

(list any)1. Describe any unusual events.

e.g., fire, alarms |  YES N/A [ ]  [ ]  [ ]  [ ]   |
|
|

##  **Hot Work Required Precautions**

|  |
| --- |
| **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 for passersby or others in the work area.
 |  YES N/A [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
|
| **Requirements within 35 foot radius** |
| 1. Flammable/Combustible materials removed.
2. Fire-resistant blankets/pads or metal covers for items in #6 that cannot be removed.
3. Explosive atmosphere eliminated.
4. Floors clean (dust, lint, oily deposits removed).
5. Combustible floors? If yes, contact EHS (617-452-3477).
6. All wall/floor openings covered.
7. Fire-resistant blankets/pads suspended beneath work.
 |  YES N/A [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   [ ]  [ ]  |
|
|  **Work on Walls or Ceiling** |
| 1. Are the wall/ceiling/floor materials combustible? If yes, contact EHS,
2. Are combustible items on either side of walls moved away?
 |  YES N/A [ ]  [ ]   [ ]  [ ]   |
|

|  |
| --- |
| **Work on Enclosed Equipment** |
| 1. Enclosed equipment cleaned of combustibles.
2. Containers purged of flammable liquids/vapors.
3. Pressurized vessels, piping and equipment removed from service, isolated, and vented.
 |  YES N/A [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]    |
|

**Superintendent/Manager Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fire Detail Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_