

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**

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| --- | --- | --- |
| 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) |
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|  |  |  |
|  |  |  |

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

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

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

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| **Confined Space** |
| 1. Is work area a confined space? If yes, STOP, and obtain Confined Space Permit. | YES N/A |
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| **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**

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| --- |
| **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 |
|

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

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



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