Virginia Commonwealth University

HOT WORKS PERMIT PROGRAM
HOT WORKS - WELDING, CUTTING, SOLDERING & OPEN FLAME OPERATIONS

All welding, cutting, soldering & open flame operations performed in any VCU controlled facility on either East or West campus requires the issuance of a Hot Works Permit from the OEHS, Fire/Safety Office. This permit system applies to all work performed by in-house or by contractors to the University. To Comply:

A. Follow the Hot Works Permit Program that requires:
   1. Contact OEHS 828-7899 if on the East (Hospital) campus or 828-0040 if on the West (Academic) campus to obtain the required Hot Works Permit, prior to beginning work.
   2. Notification to the Operations Center at 828-9364 - Before work is started and upon completion.
   3. Providing a fire watch during and after the “hot” activity. The fire watch should be familiar with all procedures to report fires and activate alarms.

B. Acetylene, oxygen and other compressed gas cylinders must be:
   1. Capped at all times except when connected to the welding cart.
   2. Secured upright at all times.

C. Appropriate fire extinguisher(s) must be on the welding cart, and or in the area at all times.

D. All personnel shall wear protective apparel when welding, cutting and/or soldering. This should include gloves, hoods, goggles and aprons as applicable. Ankle-high shoes, with trousers outside of them, should be worn to prevent molten material from falling into shoes.

E. Screens and warning signs should be set up to prevent eye injuries to nearby persons.

F. Make sure that all explosive vapors have been removed from containers before working on them.

G. Never snap or throw solder to get it off a hot iron.

Completed forms need to be brought or faxed to the OEHS Fire Safety Office, East (Hospital) Campus Sanger Hall B2-004-Fax # 828-1773, or West (Academic) campus, 700 West Grace St., 2ND floor, suite 2100-Fax #828-8316
VCU HOT WORKS PERMIT FOR CUTTING, WELDING, AND ROOF REPAIR
(complete all blank spaces, or write n/a)
BEGINNING DATE OF HOT WORK:___________________________________________
PROJECTED COMPLETION DATE:____________________________________________
(notify Operations Center at 828-9364 when finished)
BUILDING:________________________________________________________________
FLOOR OR ROOM: _________________________________________________________
DAILY STARTING TIME:____________________________________________________
DAILY COMPLETION TIME:_________________________________________________
WORK TO BE DONE: _______________________________________________________
_________________________________________________________________________
_________________________________________________________________________
ROOF REPAIR METHOD*WATER HOSE AVAILABLE (Y/N)_______________________
TYPE OF WELDING PROCESS:_____________________________________________
SPECIAL PRECAUTIONS:_____________________________________________________
_________________________________________________________________________
I VERIFY THAT ITEMS 1 THRU 15 ON THE OPPOSITE SIDE OF THIS PERMIT HAVE
BEEN REVIEWED AND COMPLETED, AS NECESSARY. (ARRANGEMENTS HAVE
BEEN MADE FOR ITEM 18).
I. VCU-SUPERVISOR/INSPECTOR:
NAME (please print): ________________________________________________________
SIGNED:__________________________________________________________________
II. ON-SITE LEAD-MAN/FOREMAN (if different from above):
NAME (please print): ________________________________________________________
DEPARTMENT OR COMPANY NAME:_________________________________________
TELEPHONE NUMBER:__________________BEEPER NUMBER:___________________
FAX NUMBER (Where you want the permit faxed when signed and approved by OEHS):  ______________________
RADIO NUMBER (IF ANY): __________________________________________________
**When the permit has been filled out, return/fax to the VCU FIRE AND OCCUPATIONAL
SAFETY SECTION-OEHS) to receive final authorization to proceed.
III. FOS STAFF MEMBER--NAME (print)________________________________________
SIGNED:__________________________________________________________________
**Post copy on door or wall near the entrance to the hot work area. IN CASE
OF FIRE, CALL *50 OR 828-9364. (FOR INFORMATION, CALL Fire and
Occupational Safety at 828-7899 or 828-0040).
DO NOT CUT, WELD, OR USE OTHER OPEN FLAME OR SPARK PRODUCING
EQUIPMENT UNTIL THE FOLLOWING PRECAUTIONS HAVE BEEN TAKEN.

CHECK EACH ITEM:
___ 1) APPROPRIATE FIRE EXTINGUISHERS ARE ON SITE AND WORKERS ARE
TRAINED IN USING THEM.
___ 2) THE OPERATIONS CENTER WILL BE NOTIFIED BEFORE BEGINNING WORK
EACH DAY, AND AT THE END OF EACH DAY. (828-9364)
___ 3) FLOOR/WALLS/CEILING ARE CLEAR OF COMBUSTIBLE MATERIALS
WITHIN 35 FEET OF THE WORK AREA, OR THE SURFACES ARE COVERED
WITH FIRE RETARDANT COVERS.
___ 4) THERE IS NO FLAMMABLE LINT, DUST, VAPORS, LIQUIDS, OR CONTAINERS
AND EQUIPMENT THAT CONTAINED SUCH MATERIALS, IN THE AREA.
___ 5) FLOOR OPENINGS WITHIN 40 FEET ARE TIGHTLY COVERED.
___ 6) ALL HOT-WORKS EQUIPMENT TO BE USED HAS BEEN INSPECTED, AND IS
IN GOOD REPAIR.
___ 7) THE SPRINKLER SYSTEM, WHERE PROVIDED, IS IN SERVICE.
___ 8) SMOKE DETECTORS, WHERE PROVIDED, HAVE BEEN PREVENTED FROM
ALARMING, THROUGH APPROPRIATE METHODS USED BY QUALIFIED
TECHNICIANS.
    (i.e., covered, removed, or system disabled).
___ 9) THE NEAREST MANUAL PULL STATION HAS BEEN LOCATED, AND ALL
WORKERS KNOW HOW TO OPERATE IT.
___ 10) A RESPONSIBLE FIRE WATCHER HAS BEEN ASSIGNED TO WATCH FOR
DANGEROUS SPARKS IN THE AREA, AS WELL AS THE FLOORS ABOVE AND
BELOW, AND OPPOSITE WALLS.
___ 11) A RESPONSIBLE FIRE WATCHER WILL REMAIN ON THE JOB SITE FOR 30
MINUTES AFTER COMPLETION OF THE JOB.
___ 12) IF A FIRE OCCURS, A TELEPHONE OR RADIO IS IMMEDIATELY AVAILABLE
TO CALL THE OPERATIONS CENTER AT 828-9364.
___ 13) FIRE EVACUATION ROUTES ARE NOT BLOCKED OR ALTERED. ALL FIRE
EXITS ARE OPEN.
___ 14) DO STAFF IN THE BUILDING NEED NOTICE OF EVACUATION ROUTE
CHANGES OR DRILLS?

In confined spaces only:
___ 15) REVIEW OSHA REGULATIONS CONCERNING CONFINED SPACE WORK.
___ 16) APPROPRIATE MONITORING FOR COMBUSTIBLE GAS, OXYGEN
DEFICIENCY, AND TOXIC CHEMICALS HAS BEEN CONDUCTED.
___ 17) VENTILATION DEVICE WILL BE USED.
___ 18) RESPIRATORY EQUIPMENT WILL BE USED.

FIRE WATCHER NAME (please print): _________________________________
DEPARTMENT OR COMPANY: _______________________________________
FIRE WATCHER SIGNATURE: _________________________________