



Director, Environmental Health & Safety
577 Western Avenue
P.O. Box 1630
Westfield, Massachusetts 01086-1630
Tel: 413.572.5209
Fax: 413.572.5486

HOTWORK PERMIT PROGRAM

In accordance with the requirements of the Massachusetts Fire Prevention Regulations 527 CMR 39 and OSHA 29 CFR 1910.252 a Hot Work Permit is required for the following activities: brazing, cutting, heating, soldering, welding or similar type work. The intent of this program is to prevent injury and loss of property from fire when using heat-producing equipment such as soldering tools, heat guns, oxy-fuel gas and electric arc cutting and welding equipment.

Hot Work will be permitted in approved areas and will be issued to both Westfield State University staff and contractors by the Office of Environmental Health and Safety or a designee of that office. On occasion, with the approval of the office of EH&S, a blanket permit can be granted for a long duration project and ongoing work. A blanket permit can also be considered for a series of small jobs related to one project on the campus.

PERMIT:

1. The area(s) shall be inspected by EH&S or a qualified Westfield State employee.
2. The type of hot work must be approved for the project being performed.
3. Containers/pipes must be properly cleaned/ purged, and then inspected .
4. All flammable and combustible materials must be removed from the Hot Work area.
5. Floor and wall openings (within 35") shall be covered or sealed to prevent possible spread of fire.
6. Fire detection and suppression equipment shall remain operational at all times, unless otherwise protected or approved by the Department of Public Safety or the Office of EH&S.
7. Fire extinguishers of proper size and type shall be located within 25 ft. of Hot Work area.
8. Hot Work equipment such as hoses, leads, gas cylinders, and torches shall be properly maintained and secured as not to prevent loss or exposure.

9. Personal Protective Equipment (PPE) is required and shall be worn. Examples of the PPE include but are not limited to: clothing, face shields, goggles, gloves, and head and foot protection.
10. EH&S safety hazards such as asbestos , stored chemicals, solvents and other hazards including electrical , fire, heat, and ventilation should be evaluated prior to HOT WORK.
11. A fire watch (not less than ½ hour shall be performed for each HOT WORK permit issued.
12. Bags for smoke detectors shall be supplied and installed by the contractor when necessary.
13. Permanent or portable curtains and screens must be used if persons are or could be exposed to the direct or reflected radiation.
14. Exhaust ventilation has been provided or has been determined to be sufficient.

Fire Watcher(s):

The university reserves the right to require a separate person to perform a fire watch.

1. The fire-watcher shall have the proper size and type of a fully charged fire extinguisher within 25 ft.
2. The fire-watcher shall be properly trained in the proper use and limitations of the fire extinguisher.
3. The fire-watcher shall be familiar with the proper procedures for activating a fire alarm and for the notification to the Department of Public Safety/Westfield Fire Department.
4. The fire watch shall be maintained for at least 1 hour after the Hot Work is completed. (1/2 hour if approved by the Office of EH&S)

Gas Storage and Transportation:

1. All cylinders must be secured at all times by either an approved chain strap.
2. All cylinders must have a cap or a regulator in place at all times.
3. All cylinders must be stored , transported and used in an upright position.
4. All cylinders and attached equipment must be free of damage and leaks
5. All cylinders must be clearly labeled

*In the event of an emergency contact the Office of Public Safety at 413 572-5262
If any questions, please contact the Office of Environmental Health and Safety at 413
572-5209*

January 2013

WESTFIELD STATE UNIVERSITY – HOT WORK PERMIT

BUILDING: _____ ROOM/AREA: _____ DATE: _____

DEPARTMENT/CONTRACTOR: _____

CUTTER/WELDER: _____ FIRE WATCHER: _____

START DATE: _____ END DATE: _____ TIME RANGE: FROM: _____ TO: _____

<p style="text-align: center;">Hot Work Type</p> <p><input type="checkbox"/> Brazing <input type="checkbox"/> Welding</p> <p><input type="checkbox"/> Cutting - Arc</p> <p style="padding-left: 20px;">- Air Arc - MIG</p> <p style="padding-left: 20px;">- Mechanical - Oxy-Fuel</p> <p style="padding-left: 20px;">- Oxy-Fuel - TIG</p> <p style="padding-left: 20px;">- Plasma</p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Soldering</p>	<p style="text-align: center;">Work Area/Equipment</p> <p><input type="checkbox"/> Exterior <input type="checkbox"/> Interior</p> <p style="padding-left: 20px;">- Building Structure</p> <p style="padding-left: 20px;">- Building Fixture</p> <p style="padding-left: 20px;">- HVAC Unit</p> <p style="padding-left: 40px;">- Fume Hood</p> <p style="padding-left: 20px;">- Pipe</p> <p style="padding-left: 20px;">- Tank</p> <p style="padding-left: 20px;">- Valve - other: _____</p>	<p style="text-align: center;">Container/Pipe Contents <i>(past or present material)</i></p> <hr/> <p>Cleaned <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Purged <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How Cleaned/Purged: _____</p> <p>Date Cleaned/Purged: ____/____/____</p> <p>EH&S requested <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: center;">Fire Hazards</p> <p>Combustibles</p> <p><input type="checkbox"/> Covered</p> <p><input type="checkbox"/> Removed</p> <p><input type="checkbox"/> None Present</p> <p>Flammables</p> <p><input type="checkbox"/> Covered</p> <p><input type="checkbox"/> Removed</p> <p><input type="checkbox"/> None Present</p> <p>Floor / Wall Openings</p> <p><input type="checkbox"/> Covered</p> <p><input type="checkbox"/> Not Applicable</p>	<p style="text-align: center;">Health & Safety Issues</p> <p>Asbestos Present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chemicals/Cleaners Present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p>Confined Space <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Monitor required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Permit required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electrical Hazards <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">GFCI required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Heat Stress Precautions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Work/Rest ratio ____/____</p> <p>PPE Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Clothing <input type="checkbox"/> Eye Protection</p> <p style="padding-left: 20px;"><input type="checkbox"/> Face Protection <input type="checkbox"/> Foot Protection</p> <p style="padding-left: 20px;"><input type="checkbox"/> Hand Protection <input type="checkbox"/> Head Protection</p> <p style="padding-left: 20px;">Respiratory</p> <p style="padding-left: 40px;"><input type="checkbox"/> Negative Pressure <input type="checkbox"/> Positive Pressure</p> <p>Other: _____</p> <p>Shields or Curtains Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ventilation Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Negative Pressure <input type="checkbox"/> Positive Pressure</p>	<p style="text-align: center;">Cylinder, Equipment & Hose</p> <p>Gases Used</p> <p><input type="checkbox"/> Butane</p> <p><input type="checkbox"/> Oxy-Acetylene</p> <p><input type="checkbox"/> Propane</p> <p><input type="checkbox"/> other: _____</p> <p>Cylinder Storage and Use</p> <p>Away from ignition source <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cap or regulator in place <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Free of damage and leaks <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Labeled properly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Outside of building/space <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secured w/chain or strap <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Upright storage/transport <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hose, Leads and Torch</p> <p>Connections tight <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flash arrestor in place <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Free of damage and leaks <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Detection/Suppression</p> <p>Detectors</p> <p><input type="checkbox"/> Beam</p> <p><input type="checkbox"/> Heat</p> <p><input type="checkbox"/> Smoke</p> <p style="padding-left: 20px;"><input type="checkbox"/> Bagged</p> <p style="padding-left: 20px;"><input type="checkbox"/> Disconnected</p> <p style="padding-left: 20px;"><input type="checkbox"/> Not Present</p> <p>Sprinklers</p> <p><input type="checkbox"/> Operational</p> <p><input type="checkbox"/> Non-Oper</p> <p><input type="checkbox"/> Not Present</p> <p>Extinguisher</p> <p><input type="checkbox"/> CO2 <input type="checkbox"/> Dry Chem</p> <p><input type="checkbox"/> Hose <input type="checkbox"/> P/W</p> <p><input type="checkbox"/> N/A</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p style="text-align: center; margin: 0;">Fire Watch</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> 1/2 hr</p> <p><input type="checkbox"/> 1 hr</p> <p><input type="checkbox"/> hr</p> </div>	<p style="text-align: center;">(signatures required below)</p> <p>PERSON AUTHORIZING HOT WORK: _____</p> <p>Fire watch was maintained for at least one hour at close of Hot Work _____</p> <p>Director, Environmental Health & Safety: _____</p> <p style="text-align: center;"><i>Copies of this form will be provided to the Contractor, Area Supervisor and the Office of EH&S</i></p>	