Hot Work Permit

General Information	
Work Performed By: Employee / Student / Contractor / Visitor	Application Date: / /
Qualified Operator Name:	Company Name:
Qualified Operator Name:	Supervisor/Foreman Name:
Date(s) of work: / / - / /	Time(s) of work: : M - : M
Location of work:	Comments:

Type of Hot Work Being Performed		
Welding	**Soldering**	**Grinding**
Brazing	**Cutting**	**Torching**

Fire Watch Designee:	EH&S Training:	Date:
Fire Watch Designee:	EH&S Training:	Date:

I certify that I have read and understand the SUNY New Paltz Hot Work Program and will comply with all standards and policies contained within:

Qualified Operator:_____ Fire Watch Designee:_____

Qualified Operator:_____ Fire Watch Designee:_____

Permit applicant to list fire safety systems in hot work area

○ Smoke Detector(s) ○ Sprinkler(s) ○ Fire Hose(s) ○ Fire Extinguisher(s)

Is there a potential for smoke detectors to be effected in this area? Y / N

Special precautions planned to avoid accidental fire detection activation: _____

Is there a potential for sprinkler activation in this area? Y / N

Special precautions planned to avoid accidental activation: _____

FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY

EH&S APPLICATION REVIEWER SIGNATURE:	EH&S APPLICATION REVIEWER NAME AND DATE:
APPROVED / DENIED	PERMIT #