

START DATE & TIME: \_\_\_\_\_ END DATE & TIME: \_\_\_\_\_

BUILDING / LOCATION DESCRIPTION: \_\_\_\_\_

THIS HOT WORK PERMIT IS REQUIRED FOR ANY TEMPORARY OPERATION INVOLVING OPEN FLAMES, HEAT, AND/OR SPARKS IN AREAS OTHER THAN THE AUTO SHOP, CENTRAL PLANT, CPAC SCENE SHOP, OR OUTDOOR AREAS FREE OF COMBUSTIBLE MATERIALS. THIS INCLUDES BUT IS NOT LIMITED TO: BRAZING, CUTTING, GRINDING, SOLDERING, PIPE THAWING, TORCH APPLIED ROOFING, AND WELDING.

PROJECT: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_ PERMIT#: \_\_\_\_\_

PERSONS TO BE PERFORMING WORK:

\_\_\_\_\_

\_\_\_\_\_

COMPANY / DEPARTMENT: \_\_\_\_\_

CHECK ALL THAT APPLY		
TYPE OF HOT WORK		SAFETY PRECAUTIONS
<input type="checkbox"/> Arc Welding	<input type="checkbox"/> Grinding	<input type="checkbox"/> Approved Fire Extinguisher on Site
<input type="checkbox"/> Brazing	<input type="checkbox"/> Soldering	<input type="checkbox"/> Fire Watch Implemented for 30 Minutes After End of Job
<input type="checkbox"/> Cutting	<input type="checkbox"/> Torch Applied Roofing	<input type="checkbox"/> EHS Notified
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

### REVIEW / ACCESS AUTHORIZATION

EHS REPRESENTATIVE NAME: \_\_\_\_\_ MANAGER / SUPERVISOR NAME (of employees): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

EHS COMMENTS: \_\_\_\_\_

EXCEPT IN CASES OF EMERGENCIES, THIS REQUEST IS TO BE SENT / DELIVERED TO EHS (T-1475) **72 HOURS (3 WORKING DAYS)** PRIOR TO THE START TIME. PERMITS WILL BE AVAILABLE FOR PICK UP BETWEEN 8AM TO 5PM MONDAY-FRIDAY.

#### Contacts

Emergencies / Rescue: 911	Fullerton Fire Dept.: (714) 738-6500	Service Center: (657) 278-3494	EHS: (657) 278-7233
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**Assigned fire watch personnel shall:**

1. Be thoroughly familiar with the area they are patrolling.
2. Perform patrol operations according to instructions.
3. Utilize the attached log to document 30 minute fire watches and any significant findings.
4. Perform fire watch duties only and have no other responsibility.
5. Relay any special orders or pertinent information to relief personnel and management.
6. Email completed log to [safety@fullerton.edu](mailto:safety@fullerton.edu)

## Fire Watch Log

DATE	TIME	PERSON COMPLETING INSPECTION (Signature required)	COMMENTS (Upon visual inspection and no evidence of any smoke or fire noted)