EASTERN MICHIGAN UNIVERSITY

HOT WORK CHECKLIST

Date _____ W.O. # _____
Time Started_____ Time Completed_____
Building_____ Room #_____
Floor_____ Location on Floor_____
Nature of Job_____

___ Welding ___ Brazing ___ Soldering ___ Heating ___ Grinding ___ Cutting ___ Jet Torch ___ Other

TYPE OF EQUIPMENT TO BE USED:

___ Electrical Arc ___Open Flame Torch ___ Grinding ___ Cutting ___ Hot Iron ___ Other _____

REQUIRED PRECAUTIONS CHECKLIST

___ Sprinklers, fire extinguishers are in service and are operational.
___Hot work equipment is in good condition.
___Appropriate PPE is worn.
___Appropriate area shielding equipment is used.
___DPS notified of work conducted 5pm – 7am weekdays, weekends and holidays.
___Adequate ventilation available or provided.
___Piping turned/blanked off.
___Other precautions taken: _____

_____
_____
_____

FIRE SAFETY PRECAUTIONS

___Flammable liquids, dust, lint, oil, deposits removed.
___Explosive atmosphere in area eliminated.
___Floors clean/clear of combustibles.
___Combustible floors wet down, covered with fire-resistant material.

___ Remove combustible material where possible. Otherwise protected with fire resistive tarpaulins or metal shields.
___All floor and wall openings covered.
___Construction is non-combustible and without combustible covering or insulation.
___Combustibles on the other side of the walls moved away.
___Enclosed equipment cleaned of all combustibles.
___Containers purged of flammable liquids and vapors.
___Fire Watch if necessary (name):

_____
___Fire Watch will be provided during and after work for 30 minutes, including coffee or lunch breaks.
___Fire Watch supplied and trained in the use of extinguishers, hoses, alarms, phone emergency numbers.
___Fire Watch may be required for adjoining areas, above and below floors or obstructions.

I verify the above location has been examined. The precautions checked on the Required Precautions Checklist have been taken to prevent fire and permission is authorized for this work.

1. Checklist will be retained by worker(s) during job.
2. When job is completed, checklist will be returned to Worker's Foreman or EHS.
3. Checklist is good for one shift only.

Signature: _____

Print Name: _____

Completed Checklist Must Be Posted Outside Immediate Area