

AUGUSTA UNIVERSITY HOT WORK PERMIT

Permits issued to contractors are to be completed by Fire Safety Office personnel only.

ISSUE DATE: ____/____/____

TIME:

EXPIRATION DATE: ____/____/____

TIME:

LOCATION OF WORK	Building:	REQUIRED	INITIALS
	Room #:		
WORK TO BE DONE	CHECK :		
	Welding		
	Torch		
	Cutting, Burning		
	Open Flame		
	Internal Combustion Equipment Type:		
	Other Type:		
UNIVERSAL REQUIREMENTS	ALL-PURPOSE (ABC) FIRE EXTINGUISHER AT SITE		X
	FIRE WATCH ASSIGNMENT NAME:		X
	AREA CLEARED OF FLAMMABLES & COMBUSTIBLES DAILY.		X
	AREA SECURED - ROPED OFF OR BARRICADED		X
	WALL PENETRATIONS PROTECTED		X
	DRAINS/FLOOR OPENINGS/GRATES PROTECTED		X
	DUST ACCUMULATION REMOVED		X
	FIRE ALARM COMPONENTS DEACTIVATED LIST:		X
ADDITIONAL PRECAUTIONARY REQUIREMENTS	PROTECTIVE SHIELDING		
	GASTECH METER TEST	RESULTS: %	
	SPECIAL PRECAUTIONS LIST:		
AUTHORIZATION TO PROCEED	(Print) REQUESTED BY:		PHONE:
	(Print) COMPANY:		PHONE:
	SIGNATURE:		
	ISSUED BY (EH&S):		PHONE: 721-2663

IN THE EVENT OF FIRE / EMERGENCY CALL 721-2911.

THIS PERMIT MUST BE AVAILABLE ON THE JOB/WORK SITE AT ALL TIMES!