

UMKC Hot Works Permit

| Work Performed | | | | | | | | | | |
|---|----------------------------|--------------------------|--------------------------|---|------------------|------------------------------|--------------------------|--------------------------|--------------------------|--|
| Location/Building: | Floor/Room: | Date: | Cart #: | Permit Exp. Date | Expiration Time: | | | | | |
| Description of Work | | | | | | | | | | |
| | | | | | | | | | | |
| Work Performed By | | | | | | | | | | |
| Department/Contractor Name: | Employee Performing Work: | Fire Watch: | | | Supervisor: | | | | | |
| Fire Suppression Systems | | | | | | | | | | |
| What fire suppression system is available in working area? (Check Appropriate Box) | Automatic Sprinkler | | | Fire Hose | | Portable Extinguisher | | Fire Blanket | | |
| | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Requirements Within 35' (11M) of Work Area | Yes | No | N/A | Enclosed Areas | | | Yes | No | N/A | |
| Has explosive atmosphere in area been eliminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has enclosed equipment been cleaned of all combustibles? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has explosive atmosphere in area been eliminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have containers been purged of all flammable liquids/vapors? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are floors swept clean? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have pressurized vessels, piping and equipment been removed from service, isolated, and vented. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have combustible floors wet down, covered with damp sand or fire-resistive sheets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Watch | | | Yes | No | N/A | |
| Have other combustible material been removed, or protected with fire-resistive tarps or shields? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Watch will be provided during and for 60 min after work, including any breaks. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all walls and floor openings covered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire watch is trained in the use of fire suppression equipment and in sounding alarm. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are fire-resistive tarps suspended beneath work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire watch is supplied with appropriate suppression equipment. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have air ducts or conveyors (that could carry sparks to other areas) been shut down? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is fire watch required in adjoining areas, above and below where work was performed? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Walls Ceilings Roofs | Yes | No | N/A | Monitor Hot Work area for 4 hours after job is complete | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is construction noncombustible and without combustible covering or insulation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Precautions Taken | | | | | | |
| Are combustibles on other side of wall, ceiling, or roof moved away from away? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Acceptance of Terms | | | | | | | | | | |
| <p>Upon transmitting this form to the Fire Marshal's Office by email at firesafety@umkc.edu the persons listed above agree that the information is accurate and agree to work within the limits and safety restrictions as provided by this permit. After work has been completed this form shall be signed, dated, and completion time must be noted. Once form is completed the original copy shall be sent to the Fire Marshal's Office at 1011 E. 51st Rm #15 Kansas City MO 64110.</p> | | | | | | | | | | |
| Signature | | | | Date: | | | Completion Time: | | | |
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**This permit is required for any temporary operation involving open flames, heat production, and /or smoke. This includes but is not limited to: brazing, cutting, grinding, soldering, torch applied roofing, and welding. A copy of this permit shall be on work site and available. For Questions or Concerns Please Contact Fire Marshal at 816-235-5241 or by email at firesafety@umkc.edu.
In Case of Emergency Contact Campus Police at 816-235-1515**