UMKC Hot Works Permit

Work Performed												
Location/Building: Floor/Room:			Date:			Cart #: Perm		t Exp. Date	Expiration Time:			
Description of Work												
Work Performed By												
Department/Contractor Name: Employee Perf		orming Work:			Fire Watch: Supervisor:							
					_							
Fire Suppression Systems												
What fire suppression system is available in working		Automatic Sprinkler				Fire Hose Portable Extinguisher			Fire Blanket			
area? (Check Appropriate Box)												
Requirements Within 35' (11M) of Work Area		Yes	No	N/A	Enclosed Areas			Yes	No	N/A		
Has explosive atmosphere in area been eliminated?						enclosed equipment been cleaned of all bustibles?				\Box	П	
Has explosive atmosphere in area been eliminated?					Have containers been purged of all flammable							
Are floors swept clean?				H	liquids/vapors? Have pressurized vessels, piping and equipment been						\perp	
Are noors swept clean:					removed from service, isolated and vented.							
Have combustible floors wet down, covered with damp sand or fire-resistive sheets?					Fire Watch					No	N/A	
Have other combustible material been removed, or protected with fire-resistive tarps or shields?					Fire Watch will be provided during and for 60 min after work, including any breaks.							
Are all walls and floor openings covered?					Fire watch is trained in the use of fire suppression equipment and in sounding alarm.							
Are fire-resistive tarps suspended beneath work?					Fire watch is supplied with appropriate suppression equipment.							
Have air ducts or conveyors (that could carry sparks to other areas) been shut down?				Is fire watch required in adjoining areas, above and below where work was performed?								
Walls Ceilings Roofs		Yes	No	N/A	Monitor Hot Work area for 4 hours after job is complete							
Is construction noncombustible and without combustible covering or insulation?					Other Precautions Taken							
Are combustibles on other side of wall, ceiling, or roof moved away from away?												
Acceptance of Terms												
Upon transmitting this form to the Fire Safety Office by fax to 816-235-6559 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 Safety office at 4747 Troost Rm #3 Kansas City MO 64110.												
Signature						Date: Completion			Гime:			

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 Inspector at 816-235-6095 or email <u>aughranj@umkc.edu</u>