HOT WORKS PERMIT

Before approving any cutting and welding permit, a SFASU designated representative must inspect the work area and confirm that precautions have been taken to prevent fire in accordance with safety requirements. Please use this form to inform SFASU Safety Department of an upcoming cutting or welding activity.

Start Date: ____________________ Department: ________________________________

Building: ____________________________ Room: ____________________________

Work to be done: ____________________________

Contractor: ____________________________

Representative: ____________________________ Telephone: ____________________________

Permit Expires: (Circle One) 1Day 2Days 3Days

SFASU representative is responsible for ensuring that the location where the work is to be done is inspected, and necessary precautions are taken prior to the work being commenced.

SFASU Representative responsible for cutting and welding:

Name: ____________________________

FINAL CHECK-UP:

Work area and all adjacent area to which sparks and heat might have spread (including floors above and below and opposite sides of walls) were inspected one half hour after the work was completed were found fire safe.

To be signed by: (Supervisor of Fire Watcher) ____________________________

TELEPHONE NUMBERS

Emergency# 911
Environmental Health Safety and Risk Management—(936) 468-4442 7:00-4:00 Mon.-Fri.
Fax: (936)468-7312
SFASU University Police--- (936)468-2608