

**University of Waterloo**  
**HOT WORK PERMIT**

Version 1.0

HWP No. \_\_\_\_\_

In accordance with the Ontario Fire Code 2015, section 5.17 Hot Works, this permit is to be completed when hot work (activities that use open flames or produce heat or sparks, including cutting, welding, soldering, brazing, grinding, adhesive bonding, thermal spraying or thawing of pipes) is being performed in any areas other than permanent and approved welding and/or burning locations.

**Contractor: Complete this section 48 hours in advance of the work and submit it to your UW contact.**

Date of Work: \_\_\_\_\_ Hours of work: \_\_\_\_\_

Project: \_\_\_\_\_

Location: Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Other information about the location: \_\_\_\_\_

Name of persons performing the work (please print):

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of Work being performed: \_\_\_\_\_

UW Contact: \_\_\_\_\_ UW Ref. number (WO, WR, PO): \_\_\_\_\_

**Control Shop**

Person reviewing the Hot Work process:

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

A radio is required. Is one available? Y/N \_\_\_\_\_

Is the area occupied? \_\_\_\_\_

Will the work occur on a roof? \_\_\_\_\_

Does the area have sprinkler protection? \_\_\_\_\_

Does the area have smoke detectors? \_\_\_\_\_

Does the area have heat detectors? \_\_\_\_\_

Will any of the protection be deactivated? \_\_\_\_\_

If yes, name of technician deactivating system:

\_\_\_\_\_

Fire watch require? Y/N \_\_\_\_\_

Special precautions/instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fire Watch time stamps:

Start – Date: \_\_\_\_\_ Time: \_\_\_\_\_

Finish – Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Fire watch (print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Central Plant**

I verify that I have reviewed the Hot Work procedures and requirements with the person(s) responsible for the Hot Work. (Name of person issuing this permit).

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contractor: On Site Safety Inspection Checklist:**

- Cutting, welding or grinding equipment has been inspected and found to be in good repair and free of damage or defects.
- A multi-class (ABC) portable fire extinguisher of adequate size and fully charged is immediately available.
- Smoke eaters are required for all welding.
- All flammable and combustible liquids have been removed at least 11 meters from the work area.
- All combustible materials (wood, paper, cardboard) have been moved 11 meters away or covered with fire retardant tarps.
- All wall, floor, duct and ceiling penetrations where sparks may travel have been located and sealed or covered.
- Combustible flooring/walls (where ever sparks or slag may fall) have been covered with a fire retardant tarp.
- Area has been cleaned and swept to remove any other combustible material (lint, sawdust, dust, oily residues).
- Any potential for combustible atmosphere has been eliminated.
- Furniture, computers, equipment and /or other furnishings have been protected from damage.
- Radio and cell phone is available to contact Central Plant in case of fire. (519-888-4813)
- Fire watch duration and duties are understood.

Name & signature of person performing the safety check:

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Post this permit at work site. This permit to be returned to Central Plant when work is complete.**