

**COLUMBIA UNIVERSITY MEDICAL CENTER
FACILITIES OPERATIONS**

Permit Issued by: _____ Signature: _____ Date Issued: _____

Work Date _____ Start Time _____ AM/PM//End Time _____ AM/PM//Permit No: _____

HOT WORK PERMIT

Location: _____

Person(s) doing the work is a:
University Employee
Contractor Employee

Corporate name of contractor: _____
Contractor project Manager: _____
Phone: _____

CUMC Project Manager: _____

Fire Department Certificate of Fitness Required

Welder/Torch Operator
Name: _____

Certificate # and Exp.: _____

Fire Guard Name: _____

Certificate # and Exp.: _____

Type of hot work:
Arc Welding Brazing
Grinding Soldering
Thawing Torch applied roof
Other _____

“At least once per day while the Permit is in effect, a review of the Hot Work area will be conducted by the Project Manager and/or a Facilities Manager or Fire Marshall. Issues noted during the review will be presented to the responsible person for immediate action. Hot Work will be terminated if deemed necessary.”

Time Torch Work Completed: _____

Time Fire Guard final inspection: _____
(Fire Guard must provide fire watch for 60 minutes after torch work completed)
Fire Guard sign and return to Facilities Office:

THE CONTRACTOR CERTIFIES THAT THE FOLLOWING PRE-HOT WORK CHECK WILL BE FOLLOWED ALONG WITH STANDARD SAFETY PROCEDURES FOR AS LONG AS THE PERMIT IS EFFECTIVE.

- A) All persons performing hot work possess certificates of fitness.
- B) Fire Guard personnel are present for 60 minutes after conclusion of torch work (prescribed by the RCNY 38-03/ FDNY Fire Code 2604).
- C) Workers have their own fire extinguisher(s).
- D) The hot work equipment is in good working order.
- E) The hot work area is clear of combustibles and flammable solids or that such materials present in the area are at a distance of 35 feet.
- F) Exposed construction is of noncombustible material or, if combustible, is protected.
- G) Openings are protected or sealed with non-combustible material.
- H) Hot work area floors are clear of combustible waste accumulation.
- I) Approved actions have been taken to prevent accidental activation of extinguishing and detection equipment in accordance with “Notice of Shutdown Procedures”.

FAILURE TO FOLLOW ANY OF THESE PRECAUTIONS MAY RESULT IN THE REVOCATION OF THIS PERMIT.

“This Hot Work Permit is for the named Hot Work Operator ONLY and is non-transferable.”

Contractor/operator _____
Signature _____
Date _____

If entry into a Permitted Confined Space is necessary, a copy of the Confined Space Permit must be attached.

WARNING!

**COLUMBIA UNIVERSITY MEDICAL CENTER
AUTHORIZATION
HOT WORK IN PROGRESS
WATCH FOR FIRE!**

IN CASE OF AN EMERGENCY CALL:

**COLUMBIA UNIVERSITY
PUBLIC SAFETY**

FIRE: 212.305.7979

PARAMEDIC: 212.305.7979

FDNY: 911

POST PERMIT IN WORK AREA