

Vanderbilt University Medical Center
 Permit for Cutting and Welding With Portable Gas or Arc Welding Equipment

ATTENTION: Before conducting any cutting or welding the work site shall be inspected by the person performing the work or their immediate supervisor to ensure all provisions on this form are in compliance.		Description of Work:						
		MON	TUES	WED	THURS	FRI	SAT	SUN
Location of Work:	Date:							
Building:	Time Started:							
Room Number:	Time Completed:							
PRECAUTIONS								
Sprinklers in serve/Fire Alarm System Deactivation Form submitted to Facilities Mgmt.								
Cutting and welding equipment in good repair								
Fire Extinguishers and fire restrictive tarpaulins in place at welding site								
Facilities Management radio at welding site								
Other Precautions								
WITHIN 35 FT OF WORK								
Floors swept clean of combustibles								
Combustible floors are wet down, covered with damp sand, metal, or other shields								
All wall and floor openings are covered								
Fire Resistive tarpaulins are suspended beneath work to collect sparks								
WORK ON WALLS OR CEILINGS								
Construction non-combustible and without combustible covering								
Combustibles moved away from opposite side of wall								
WORK ON ENCLOSED EQUIPMENT IN CONFINED SPACES (tanks, containers, ducts, dust collectors, etc)								
Equipment cleaned of all combustibles								
Containers purged of flammable vapors								
Atmospheric test results								
HOTWORK WATCH								
To be provided during & 30 minutes after operation								
Supplied within a (minimum of ABC 10 pound) fire extinguisher								
Trained in the use of equipment and sounding fire alarm								
FINAL CHECK-UP								

Contractor Supervisor Initials

Issued By: _____

Company Name: _____

Phone No: _____

Issued Date: _____

Expiration Date: _____

Signed: _____

Print Name: _____