

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

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|--|-----------------|----------------------|-----|-----|-----|-----|-----|
| ATTENTION: Before conducting any cutting or welding, the individual performing the work or their immediate supervisor shall inspect the work site and insure that all provisions of this form have been complied with. | | Description of Work: | | | | | |
| | | Mor | Tue | Wec | Thu | Fri | Sat |
| Location of Work: | Date: | | | | | | |
| Building: | Time Started: | | | | | | |
| Room Number: | Time Completed: | | | | | | |
| PRECAUTIONS | | | | | | | |
| Sprinklers in serve/Fire Alarm System Deactivation Form submitted to Facilities Management | | | | | | | |
| 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 wet down, covered with damp sand, metal, or other shields | | | | | | | |
| All wall and floor openings covered | | | | | | | |
| Fire Resistive tarpaulins 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 | | | | | | | |
| FIRE 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 | | | | | | | |
| Final check-up to be done each day, 60 minutes after the completion of any operation | | | | | | | |
| Contractor Supervisor's Initials | | | | | | | |

Issued By: _____ Company Name: _____ Phone No: _____

Issued Date: _____ Expiration Date: _____ Signed: _____ Print Name: _____