Hot Work Permit

This hot work permit is required for operations involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, cutting, grinding, soldering, thawing pipe, torch-applied roofing, and cadwelding. This permit must be completed and posted for the duration of all hot work. This permit is only good for one day.

FOR SAFETY QUESTIONS REGARDING THIS PERMIT CONTACT EHS AT 703-993-8448

<table>
<thead>
<tr>
<th>HOT WORK BEING DONE BY:</th>
<th>REQUIRED PRECAUTIONS CHECKLIST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ GMU Employee</td>
<td>☐ Automatic Fire Detection has been disabled.</td>
</tr>
<tr>
<td>☐ Contractor</td>
<td>☐ Available sprinklers, hose streams, and extinguishers are in service / operable.</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>☐ Hot work equipment is in good repair.</td>
</tr>
</tbody>
</table>

W.O. #: ______________________
Submitted Date: ______________________
Expected Start Date: ____________ Time: ______________________
Expected Stop Date: ______________________
Location/Building/Floor: ______________________
Nature of Job/Object: ______________________

AUTHORIZATION:
I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for work.

Name: ______________________
Supervisor / Responsible Party
Signature: ______________________
Phone Number: ______________________

HVAC TECHNICIAN:
Name: ______________________
Phone Number: ______________________
☐ HVAC systems evaluated and shutdown or modified as necessary.
   Date / Time: ______________________ Initials: ______________________
☐ HVAC systems reactivated.
   Date / Time: ______________________ Initials: ______________________

FIRE ALARM TECHNICIAN:
Name: ______________________
Phone Number: ______________________
☐ Fire detection disabled.
   Date / Time: ______________________ Initials: ______________________
☐ Fire detection reactivated.
   Date / Time: ______________________ Initials: ______________________

Other precautions taken:
☐ Yes ☐ No Confined space entry permit required?
☐ Yes ☐ No Area protected with smoke/heat detection?
☐ Yes ☐ No Ample ventilation to remove smoke/vapor from work area?
☐ Yes ☐ No Lockout/tag-out required?