

Hot Work Permit Application Permit Control Number: YYYY-MM-DD-HR-MN	Required Precautions Checklist Check the appropriate boxes <input type="checkbox"/> below
Date of Hot Work:	<input type="checkbox"/> Automatic sprinkler protection in service <input type="checkbox"/> No existing sprinkler installation <input type="checkbox"/> Suitable and functional portable fire extinguisher. <input type="checkbox"/> Manual fire hose and standpipe system in service <input type="checkbox"/> No fire hose and standpipe system installation <input type="checkbox"/> Hot work equipment in good working condition.
Building Name:	
Extent of Work Area:	
Scope of Hot Work: <input type="checkbox"/> Welding <input type="checkbox"/> Oxy-acetylene torch <input type="checkbox"/> Plasma flame cutting <input type="checkbox"/> High heat drying <input type="checkbox"/> Soldering / Brazing <input type="checkbox"/> Hot tar roofing <input type="checkbox"/> Steam cleaning <input type="checkbox"/> Specify others <input type="checkbox"/> Grinding	
Hot Work to be done by: <input type="checkbox"/> YorkU maintenance staff: <input type="checkbox"/> Contractor / Constructor:	Within 35 feet (11 meters) of Hot Work: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Flammable liquids, dust, lint and oily deposits removed. <input type="checkbox"/> Explosive atmosphere in area eliminated. <input type="checkbox"/> Swept clean of combustibles from the floor. <input type="checkbox"/> Covered the non-removable combustibles and exposed openings with standard non-combustible protective materials or sheets. <input type="checkbox"/> Provided standard sheets to shield, confine or collect sparks where applicable. <input type="checkbox"/> Protected duct openings or shut down fans and conveyors that might carry sparks or ignition sources beyond work area.
Expected Start Time:	Hot Work on Walls, Ceilings or Roof: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Provided standard coverings on the exposed surfaces. <input type="checkbox"/> Removed combustibles on opposite surfaces.
Expected Finish Time:	Work on Enclosed Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Cleaned interior free of combustibles. <input type="checkbox"/> Provided standard means to purge flammable vapors and maintain safe interior environment. <input type="checkbox"/> Shutdown, isolated and vented pressurized vessels, piping and equipment.
Fire Alarm Status Notice to be Posted: Yes <input type="checkbox"/> No <input type="checkbox"/> Fire Alarm to be By-Passed: Yes <input type="checkbox"/> No <input type="checkbox"/> Automatic Sprinkler Protection: In service <input type="checkbox"/> None <input type="checkbox"/>	Additional Comments: <hr/>
The undersigned has 1. examined the work area and verified the safety measures before applying for the permit. 2. provided the required safety measures by marking the appropriate boxes in the adjacent column.	Fire Watch Required: <input type="checkbox"/> Provide Fire Watch during the hot work and 30 minutes after work completion, and <input type="checkbox"/> 30 minutes for checking the work area and all adjacent areas to where sparks and ignition sources might have spread (including other exposed floors and opposite wall surfaces).
Contractor or Constructor and Contact Information:	Periodic and Final Inspection Required in the next 3 hours: <input type="checkbox"/> No automatic fire alarm initiating device. <input type="checkbox"/> Combustible or flammable contents. <input type="checkbox"/> Service openings or floor penetrations.
Name, Signature and Date of Application:	Periodic and Final Inspection Not Required if any one safety factor exists below: <input type="checkbox"/> Fire resistive building with non combustible contents. <input type="checkbox"/> No fire exposure from combustible or flammable contents. <input type="checkbox"/> Supervised automatic fire detector available at the exposed areas and at the job site. Automatic fire alarm system restored to normal and supervised by the fire alarm monitoring station.
Zone Supervisor or Project Coordinator and Contact Information:	
Name, Signature and Date of Application:	
Or Job Supervisor or Manager and Contact Information:	
Name, Signature and Date of Application:	
	BUILDING AND FIRE CODE COMPLIANCE CAMPUS SERVICES & BUSINESS OPERATIONS

FIRE ALARM SYSTEM IN BY-PASS MODE PERMIT

Fire Watch and Hazard Patrol REQUIREMENTS

Permit Control Number: (YYYY-MM-DD-HR-MN)

Instructions and Check the appropriate boxes below

Fire Alarm Panel Watch: Stay at the fire alarm panel unless relieved otherwise by another trained person.
 Fire Hazard Patrol: Inspect the fire hazards where specified at least every hour.
 CALL **Authorized Permit Issuer** to restore the fire alarm system to normal when the need is no longer necessary.
 Sign and return the permit to **Authorized Permit Issuer**.

Notifications

- Prior notification to the Building Management
- Building Occupants by posting the Alternative Fire Emergency Response Procedures
- Municipal Fire Department, 416-338-9000
- Fire Alarm Monitoring Station
- University Security Control Centre, 416-650-8000

Fire Alarm By-Pass Details: Fire Alarm Monitoring Station

- FACP Activation Device Fire Alarm Zone Notification Appliance
- Building Name / Location / Floor Area _____
- Start and Finish Time _____

The Fire Alarm System switching to the By-Pass Mode **applies only to:**

- Hot Work Affected Areas Test, Repair and Installation
- Building Maintenance and Renovation
- Special Event Authorized by Toronto Fire Services

Date: _____ Work Order or Service Request Number _____

I have trained the persons performing the fire alarm panel watch and the fire hazard patrol procedures. The appropriate boxes in the Checklist are marked for precautions and fire safety.

Name (print), signature of **Authorized Permit Issuer**

Print _____ Signature _____

Mobile # _____

Fire Alarm System restored to normal condition	Date	Time	AM PM
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**BUILDING AND FIRE CODE COMPLIANCE
 CAMPUS SERVICES & BUSINESS OPERATIONS**

- Automatic sprinkler protection in service
- Automatic sprinkler system repair in progress
- No existing sprinkler installation
- Suitable and functional portable fire extinguisher.
- Manual fire hose and standpipe system in service
- Manual fire hose and standpipe system repair in progress
- No fire hose and standpipe system installation
- Fire doors in the closed position unless the hold-open device will de-energize to close the door upon fire alarm activation
- Work equipment in good working condition.

Additional Comments:

 Name (print), signature of **Trained Person performing the Fire Alarm Panel Watch**

Print _____

Signature _____

Mobile # _____

The trained person at the fire alarm panel shall notify University Security Control Centre, 416-650-8000, to dispatch Campus Security and **Authorized Permit Issuer** for investigating the activated fire alarm device location **immediately**.

Periodic Fire Hazard Patrols:

- Fire Hazards in the floor areas where the fire alarm devices or zones had been disabled:
 The frequency is at least every hour
 Combustible or flammable contents
 Common and special fire hazards

Upon discovery of an endangering smoke or fire, call 911.

Name (print), signature of **Trained Person performing the Fire Hazard Patrols**

Print _____

Signature _____

Date _____ Time _____ AM, PM

Mobile # _____

HOT WORK PERMIT

Hot Work in Progress. Watch for fire!

Permit Control Number: (YYYY-MM-DD-HR-MN)

Instructions	Required Precautions Checklist
<p>Person performing hot work: Indicate time started and post permit at hot work location. Prior to leaving area, perform final inspection, sign and return the permit to Authorized Permit Issuer.</p> <p>Fire Watch: Watch area during hot work and for 60 min. after completion.</p> <p>Monitor: Monitor area for additional three (3) hours unless instructed otherwise, sign and return the permit to Authorized Permit Issuer.</p> <p>Note: Post the Warning Sign at the appropriate entry to the job site.</p>	<p>Check the appropriate boxes <input type="checkbox"/> below</p> <ul style="list-style-type: none"> <input type="checkbox"/> Automatic sprinkler protection in service <input type="checkbox"/> No existing sprinkler installation <input type="checkbox"/> Suitable and functional portable fire extinguisher. <input type="checkbox"/> Manual fire hose and standpipe system in service <input type="checkbox"/> No fire hose and standpipe system installation <input type="checkbox"/> Hot work equipment in good working condition. <input type="checkbox"/> Within 35 feet (11 meters) of Hot Work: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Flammable liquids, dust, lint and oily deposits removed. <input type="checkbox"/> Explosive atmosphere in area eliminated. <input type="checkbox"/> Swept clean of combustibles from the floor. <input type="checkbox"/> Covered the non-removable combustibles and exposed openings with standard non-combustible protective materials or sheets. <input type="checkbox"/> Provided standard sheets to shield, confine or collect sparks where applicable. <input type="checkbox"/> Protected duct openings or shut down fans and conveyors that might carry sparks or ignition sources beyond work area. <input type="checkbox"/> Hot Work on Walls, Ceilings or Roof: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Provided standard coverings on the exposed surfaces. <input type="checkbox"/> Removed combustibles on opposite surfaces. <input type="checkbox"/> Hot Work on Enclosed Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Cleaned interior free of combustibles. <input type="checkbox"/> Provided standard means to purge flammable vapors and maintain safe interior environment. <input type="checkbox"/> Shut down, isolated and vented pressurized vessels, piping and equipment. <p>Additional Comments:</p> <hr style="width: 80%; margin-left: 0;"/> <p>Fire Watch Required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide Fire Watch during the hot work and 30 minutes after work completion, and <input type="checkbox"/> 30 minutes for checking the work area and all adjacent areas to where sparks and ignition sources might have spread (including other exposed floors and opposite wall surfaces). <input type="checkbox"/> Periodic and Final Inspection Required in the next 3 hours: <input type="checkbox"/> No automatic fire alarm initiating device. <input type="checkbox"/> Combustible or flammable contents. <input type="checkbox"/> Service openings or floor penetrations. <input type="checkbox"/> Periodic and Final Inspection Not Required: <input type="checkbox"/> Fire resistive building with non-combustible contents, or <input type="checkbox"/> No fire exposure from combustible or flammable contents, or <input type="checkbox"/> Supervised automatic fire detector available at the exposed areas and the job site. <input type="checkbox"/> Automatic fire alarm system restored to normal and supervised by the fire alarm monitoring station. <p>Name (print), signature of person performing the periodic / final inspection</p> <p>Print _____ Signature _____</p> <p>Date _____ Time _____ AM, PM</p> <p>Mobile # _____</p>
<p>Hot work by</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Contractor _____</p>	
<p>Date: _____</p> <p>Work Order or Service Request Number _____</p>	
<p>Start Time: _____ AM, PM</p> <p>Finish Time: _____ AM, PM</p>	
<p>Work Location / Building and Floor Area _____</p>	
<p>Nature of job:</p> <p><input type="checkbox"/> Welding <input type="checkbox"/> Grinding <input type="checkbox"/> Soldering <input type="checkbox"/> Cutting <input type="checkbox"/> Torch Work</p> <p><input type="checkbox"/> Specify Others _____</p>	
<p>Name (print), signature of person performing hot work or Job Supervisor</p> <p>Print _____ Signature _____</p> <p>Date _____ Time _____ AM, PM</p> <p>Mobile # _____</p>	
<p>Fire Alarm By-Pass <input type="checkbox"/> Yes <input type="checkbox"/> Not Required</p> <p><input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> FACP <input type="checkbox"/> Fire Alarm Device <input type="checkbox"/> Fire Alarm Zone <input type="checkbox"/> Notification Appliance</p> <p>Location/ Floor Area _____</p> <p>Fire Watch at the Fire Panel <input type="checkbox"/> Yes <input type="checkbox"/> Not Required</p> <p>Name (print), signature of person performing the fire watch</p> <p>Print _____ Signature _____</p> <p>Date _____ Time _____ AM, PM</p> <p>Mobile # _____</p>	
<p>The trained person at the fire alarm panel shall notify University Security Control Centre to dispatch Campus Security for investigating the activated fire alarm device location within 5 minutes. Upon discovery of an endangering smoke or fire, call 911, and YORK UNIVERSITY Security 416-650-8000</p>	
<p>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 this work.</p>	
<p>Name (print), signature of Authorized Permit Issuer</p> <p>Print _____ Signature _____</p> <p>Date _____ Time _____ AM, PM</p> <p>Mobile # _____</p>	
<p>Permit Expiry Date and Time: (MM-DD-HR-MN)</p>	



BUILDING AND FIRE CODE COMPLIANCE
CAMPUS SERVICES & BUSINESS OPERATIONS

WARNING!
HOT WORK IN PROGRESS
Watch for fire!

In case of emergency:

Call: _____

At: _____

WARNING!