Hennepin County Hot Work Permit

**NOTE: Hennepin County requires Hot Work Permits to be completed for all welding, cutting, or other work that involves open flames or sparks, unless such work takes place in a designated welding area.**

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| **HOT WORK PERMIT IDENTIFICATION:** | |
| Hennepin County Building Name: | Date /Time Hot Work to Begin and End  (one day maximum – new permit required daily): |
| Location where work will be performed (Floor/Room#): | Contractor Company Name: |
| Hennepin County Permit Authorizing Individual Name | Hot Work Supervisor Name: |
| HC Permit Authorizing Individual Phone Number: | Hot Work Supervisor Phone Number: |
| HC Permit Authorizing Individual Signature/Date: | Hot Work Supervisor Signature/Date: |
| The HC Permit Authorizing Individual and the Hot Work Supervisor must review and certify that they will manage the risk of fire associated with hot work. By signing this permit, they certify that hot work shall be performed in accordance with the Required Precautions Checklist shown on Page 2. **►** | |
| **HOT WORK PERMIT SPECIFICATIONS:** | |
| Description of Hot Work to be performed (be specific): | |
| Equipment to be Used:  Electric Arc Welding  Gas Welding  Cutting  Soldering  Grinding  Brazing  Thawing  Torch Applied Roofing  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **POST THIS PERMIT AT HOT WORK LOCATION**  **Scan and email completed Hot Work Permit to Safety@hennepin.us** (Revised 07/2021) | |

**In case of an emergency, contact the Security Operations Center at 612-348-5111.**

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| **REQUIRED PRECAUTIONS CHECKLIST:** | |
| **The Hennepin County Permit Authorizing Individual and the Hot Work Supervisor must review and perform hot work in accordance with required precautions shown on this checklist.** |
| Fire Systems and Equipment Sprinkler system is in service and an operable fire extinguisher is nearby work area.  Workers have been instructed on fire protection and evacuation procedures.  Fire detection systems have been impaired as necessary to prevent false alarms.  HC Security Operations Center has been notified that hot work will be performed.  AIG “Fire Protection Out of Service” Tag has been filled out for any impairment.  AIG have been notified before fire system impairment starts. 1-877-705-7287  AIG will be notified after fire system is restored to normal. 1-877-705-7287 Requirements Within 35 ft of Hot Work Combustibles have been removed or covered with fire-resistant material.  All wall and floor openings covered with fire-resistant material.  Flammable liquids, dust, lint and oily deposits removed.  Explosive atmosphere in area eliminated.  Floors have been swept clean and trash removed. Hot Work on Walls, Ceilings or Roofs Check for noncombustible construction and cover combustible building parts.  Check for combustibles on other side of walls, ceilings or roof. Hot Work on Enclosed Equipment Enclosed equipment cleaned of all combustibles.  Containers and pressurized piping purged of flammable liquids/vapors.  Equipment has been removed from service and isolated. (LOCKOUT TAGOUT) Fire Watch/Hot Work Area Monitoring Fire watch will be provided during and for at least 1 hour after work is completed.  Fire watch is supplied with an appropriate fire extinguisher.  Fire watch is trained in use of equipment and in sounding alarm.  Additional fire watch is provided for adjoining area above and below, as needed.  HC Security Operations Center (612-348-5111) will be notified when hot work is completed.  Hot work area will be monitored for 3 hours after the job is finished. Other Precautions: **\_\_\_\_\_\_**    *(Revised 07/2021)* |



Hennepin County Fire System Impairment Form

**NOTE: Insurance requires that this form be filled out prior to any fire system impairment. This form must be visible when the fire system is impaired.**

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| **IMPAIRMENT IDENTIFICATION:** | |
| Hennepin County Building Name: | Date /Time Impairment to Begin and End  (one day maximum – new permit required daily): |
| Location where work will be performed (Floor/Room#): | Contractor Company Name: |
| Hennepin County Permit Authorizing Individual Name | Supervisor Name: |
| HC Authorizing Individual Phone Number: | Supervisor Phone Number: |
| HC Authorizing Individual Signature/Date: | Supervisor Signature/Date: |
| Prior to Impairment:  Be ready to provide the following information to AIG: your name, your company name, telephone number, type of impairment, partial or full impairment, estimated length of impairment, precautions to be taken during impairment.  Notify SOC 612-348-5111  Notify Fire Department  Notify AIG 1-877-705-7287 | |
| **IMPAITMENT PERMIT SPECIFICATIONS:** | |
| Description of Impairment (be specific): | |
| Equipment Affected:  Automatic Sprinkler System  Fire Pump  Underground Main  Suction/Gravity Tank  Detection System  Alarm System  Fixed System (CO2, Halon, FM 200, Dry)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Restoration:  Remove permit form  Open all valves  Conduct a drain test  Place all system devices back in service  Notify SOC 612-348-5111  Notify Fire Department  Notify AIG 1-877-705-7287 | |
| **POST THIS PERMIT AT IMPAIRMENT LOCATION**  **Scan and email completed form to Safety@hennepin.us** (Revised 07/2021) | |

