

ANNEX “A”

CFIA Hot Works Permit



Canadian Food
Inspection Agency

Agence canadienne
d'inspection des aliments

HOT WORK PERMIT

Facilities Person Authorizing the Hot Work:

Name (print): _____ Phone: _____ Permit # _____

The Hot Work area has sprinkler protection? ☐ Yes ☐ No ☐ Deactivated

The Hot Work area has smoke detection? ☐ Yes ☐ No ☐ Deactivated

Has the security alarm monitoring company been called? ☐ Yes ☐ No

Is the Hot Work area on a roof? ☐ Yes ☐ No

Special precautions/instruction: _____

I verify I have reviewed the Hot Work procedures and requirements with the person(s) performing the Hot Work.

Signature of Facilities Staff authorizing the Hot Work: _____

Date and time Hot Work Permit issued: Date: _____ Time: _____

On Site Pre-Hot Work Safety Inspection Checklist:

Performed by persons doing the Hot Work

- ☐ A multi-class (ABC) portable fire extinguisher of adequate size and fully charged is immediately available
- ☐ All flammable and combustible liquids have been removed from the area (at least 12 meters from the work area)
- ☐ All wall, floor, duct, and ceiling penetrations, where sparks may travel, have been located and sealed/covered
- ☐ All combustible materials (wood, paper, cardboard) have been moved (12 meters away) or covered with fire retardant tarps
- ☐ Combustible flooring/walls (whenever sparks or slag may fall) have been covered with a fire retardant tarp
- ☐ Any potential for a flammable atmosphere has been eliminated
- ☐ Fire watch duration and duties are understood
- ☐ NO Hot Work shall be permitted after 2 pm. Fire watch shall remain for 1 ½ hours after last hot work event.

Location of Hot Work: CFIA Dartmouth Laboratory - Floor: _____ Room #: _____

Other information on location: _____

Name of persons performing the Hot Work, Company, and emergency contact information (print): _____

Name: _____ Company: _____ Phone: _____

Type of Hot Work being performed: _____

Fire Watch:

Date and time Fire Watch started:

Date: _____ Time: _____

Date and time Fire Watch ended:

Date: _____ Time: _____

Printed name of Fire Watch: _____

I verify the dates and times are correct. (Signature of Fire Watch): _____

When the Fire Watch has ended return this form to the Facilities Management section to close out the form.

Date: _____ Time: _____ form returned to Facilities section

I verify final inspection of area and all alarms are returned to "normal" operation. _____