



TOWN OF FAIRHAVEN

MASSACHUSETTS

FIRE DEPARTMENT / EMERGENCY MEDICAL SERVICE

146 Washington Street, Fairhaven, MA 02719
Phone: 508 994-1428 Fax: 508 994-1515
Emergency # 911



WELDING, CUTTING, AND OTHER HOT WORK REQUIRMENTS (FP-1607)

This checklist shall be completed prior to any Welding, Cutting, or Hot Work (Hot Work) being performed in any structure or vessel within the Town of Fairhaven. This checklist shall be readily available, along with the permit, for inspection by the head of the fire department and/or their designee.

1. APPLICATION/PERMIT REQUIREMENTS

PERMIT:

Each person/business conducting any Welding, Cutting, or Hot-work shall obtain a permit from the Head of the Fire Department or their designee. (M.G.L. c148, 527 CMR 1, NFPA 1, Chapter 1 & 41)

PERMISSION: (Select one)

- Any individual or company performing work at a location that is not owned by the person or firm shall submit a copy of a building permit or a letter from the owner authorizing said individual company to person the work.
- Individual or company will be performing work at multiple locations.
 - Individual or company shall call prior to each welding event.
 - Copies of this form shall be faxed or emailed to the administration office.

SCOPE/LAYOUT:

- The individual or business requesting a permit submitted an application and a letter indicating the scope of the work being performed to the Fairhaven Fire & EMS Dept.
- This letter above contains a diagram showing the layout of the building and indicating where the work is to be performed.

The Head of the Fire Department reserves the right to alter locations for Hot Work operations due to life safety or fire/explosion hazards.

2. PRE WELDING, CUTTING, OR HOTWORK OPERATIONS REQUIREMENTS

This shall be completed by the Management or the Permit Authorizing Individual (PIA) and the operator prior to commencing any Hot Work operations.

REQUIREMENTS:

Each individual involved with Hot Work operations are familiar with NFPA 1, Ch 41.

EQUIPMENT:

Equipment being used are approved apparatus, including torches, manifold, regulators or pressure-reducing valves, and/or acetylene generators.

WORK AREA PREP: (Check all that apply)

- The area is clear from any combustibile in a 35ft radius in all directions.
- The area is clear from any combustibles 35ft below the work area.
- The work near combustibile walls is protected with an approved welding curtain/blanket.
- The work near a non-combustibile wall has all openings sealed with an approved material.
- All cylinders shall be properly chained and secured to an appropriate device or wall.



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FIRE PROTECTION: (Check when Completed)

1. **BUILDING SPRINKLERS** (Check Only One)

- Building is equipped with an inspected Sprinkler System and all sprinklers are operational.
- Building is equipped with a Sprinkler System and some sprinklers or all sprinklers are not operational or the system has not been inspected.

***** CONTACT THE DEPUTY CHIEF IF SOME OR ALL SPRINKLERS ARE NOT OPERATIONAL or the SYSTEM HAS NOT BEEN INSPECTED ADDITIONAL REQUIREMENTS MAY BE REQUIRED.**

- The building is not equipped with sprinklers.

2. **FIRE EXTINGUISHERS** (Check all that apply)

- One (1) Fire extinguisher of not less than 4-A:60-B/C shall be kept in the location of the Hot Work.
- One (1) Fire extinguisher having a rating of not less than 2:A:10BC shall be kept to all portable welding carts.

FIREWATCH

A Firewatch shall be required at all Hot Work locations to safeguard against the ignition of any material by the Hot Work operations.

- All individuals involved in the fire watch shall be someone other than the operator of the Hot Work equipment.
- This individual(s) shall have no other duties during the Hot Work operations.
- The Firewatch Individual shall remain on scene for at least 30 minutes (or as determined by the Fairhaven Fire Department) after Hot Work Operations.

- Name of Fire Watch Individual: _____
- Cell Phone/Phone Number of Fire Watch Individual: _____
- Fire Watch Individual is familiar with NFPA 1, Chapter 41.

All Fires will be reported to the Fairhaven Fire & EMS Department by dialing 911, even if fire was extinguished.

3. **HOTWORK OPERATIONS:** (All fields above must be check before Hot Work Operations begin)

- DATE: _____ TIME START: _____
TIME COMPLETED: _____
- NAME OF OPERATOR: _____
- Fire Watch Time Completed: _____ (*Minimum of 30 Minutes after Hot Work*)
- FIRES (Check One)
 - All Fires were reported to Fairhaven Fire & EMS Department.
 - There were no complications or fires

4. **FORM COMPLETION:** All forms shall be filled out by the individual obtaining the permit and left on site for a period of one (1) year. (Submit form if working at multiple locations)

Print NameSign NameDate

5. **FORM REVIEWED:** Fire Code Official: _____

Sign NameDate