



TRIUMF HOT WORK PERMIT

This permit must be completed by worker and signed by OH&S for all welding, cutting, and grinding operations performed outside of a designated welding facility.

Name:	Date:
Group:	Local:

Location:
Description:
Is material radioactive? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Radiation Level at 50 cm
Radiation Level on Contact
Removable Contamination
Surveyed by: _____ Date: _____

Hazards	Description	Remedial Action
Combustibles <input type="checkbox"/>		
Flammables <input type="checkbox"/>		
High Voltage <input type="checkbox"/>		
Radiation Area <input type="checkbox"/>		

Safety Equipment	
Local Mechanical Ventilation <input type="checkbox"/>	Portable Dry Chemical ABC Extinguisher <input type="checkbox"/>
Air-Purifying Half-Mask Respirator <input type="checkbox"/>	Welding Blankets <input type="checkbox"/>
Supplied-Air Half-Mask Respirator <input type="checkbox"/>	Temporary Enclosure <input type="checkbox"/>
Welding Screens <input type="checkbox"/>	
Safety Procedures	
Fire Watcher <input type="checkbox"/>	Monitor for Explosive Atmospheres <input type="checkbox"/>
Clean Area upon Work Completion <input type="checkbox"/>	Confined Entry Procedures <input type="checkbox"/>
OH&S Authorization: _____	Date: _____
	No. (yyyy-mm-dd-##): _____