IOWA HOT WORK PERMIT IOWA

STOP!

Avoid hot work when possible! Consider using an alternative cold work method.

This Hot Work Permit is required for any temporary operation involving open flames or producing heat and/or sparks conducted outside a Hot Work Designated Area. This includes, but is not limited to brazing, cutting, grinding, soldering, torch-applied roofing and welding.

	Picture Pictur	art 1	
Instructions for Peri	nit Authorizer	Y NA	Required Precautions
1. Specify the precautions to take.			The fire pump is in operation and switched to automatic.
2. Fill out and keep Part 1 during the hot	work process.		Control valves to water supply for sprinkler system are open.
3. Issue Part 2 to the person doing the ju	ob.		Extinguishers are in service/operable.
 Keep Part 2 on file for future reference that the post-work fire watch and mo 			Hot work equipment is in good working condition.
5. Sign off the final check on Part 2.	J		Requirements within 35 ft. (10 m) of hot work
			Shield combustible construction using listed (e.g.,
			FM Approved) welding pads, blankets and curtains.
HOT WORK BY			Remove or shield nonremovable combustibles using listed
Employee			(e.g., FM Approved) welding pads, blankets and curtains.
Contractor			Isolate potential sources of flammable gas, ignitable liquid
DATE	JOB NUMBER	1	or combustible dust/lint (e.g., shut down equipment).
			Remove ignitable liquid, combustible dust/lint and combustible residues.
LOCATION OF WORK (BUILDING/FLOOR/	ן חר וברד)		Shut down ventilation and conveying systems.
	5562617		Remove combustibles and consider a second fire watch on opposite
		-	side of floor, wall, ceiling or roof when openings exist or thermally
WORK TO BE PERFORMED			conductive materials pass through.
			Is work on a combustible building assembly (e.g., torch-applied roofing)?
NAME OF PERSON PERFORMING HOT W	/ORK		If yes, provide ADDITIONAL REQUIRED PRECAUTIONS below.
		_	Hot work on/in closed equipment, ductwork or piping
NAME OF PERSON PERFORMING FIRE W	/ATCH		Isolate equipment from service.
			Remove ignitable liquid and purge flammable gas/vapor.
I verify the above location has been exa	nined, the Required Precautions		Prior to work, and/or during work, monitor forlfammable gas/vapor.
have been taken, and permission is auth	orized for this work.		LEL reading(s):
PERMIT AUTHORIZER (PRINT AND SIGN)			Remove combustible dust/lint or other combustible materials.
			Is work on/in equipment with nonremovable combustible linings or parts? If yes, provide ADDITIONAL REQUIRED PRECAUTIONS below.
			parts in yes, provide ADDITIONAL RECORD PRECACTIONS below.
THIS PERMIT EXPIRES ON (LIMIT AUTHOR		-	Fire watch/fire monitoring the hot work area
THIS PERMIT EXPIRES ON (LIMIT AUTHOR	VIZATION TO UNE SHIFT).		Times listed are sufficient for majority. Use Table at back of permit for
DATE: TIME:	🗆 АМ 🗌 РМ		guidance for combustible concealed cavities, roof work or favorable factors.
Note: Emergency notification on b	ack of form.		Perform a continuous fire watch during hot work.
			Perform a continuous fire watch post-work for
Additional FM Resources: Property Loss Prevention Data Sheet 10-3	Lat Work Management		1 hour or Other hours.
Hot Work Permit form (F2630) via fmcatal			Perform fire monitoring for
Online training at fm.com/training-center	<u>99.0011</u>		3 hours or Other hours.
FM Approved equipment via fmapprovals.	com		ADDITIONAL REQUIRED PRECAUTIONS:
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WARNING

IOWA

HOT WORK IN PROGRESS! Watch for fire!

	Pa	rt 2			
Instructio	ns	Y NA Required Precautions			
Person performing hot work: Record time hot work area. After hot work is complete displayed for fire watch. Fire watch: Watch area during hot work a to leaving area, perform final inspection, s notify Fire Monitor or Permit Authorizer. Fire monitor: Monitor area after post-worl Perform final inspection, sign and return t	d, record time and leave permit nd after work completion. Prior ign, leave permit displayed and < fire watch completion.				
HOT WORK BY		□ Remove or shield nonremovable combustibles using listed			
Employee		(e.g., FM Approved) welding pads, blankets and curtains.			
Contractor		 Isolate potential sources of flammable gas, ignitable liquid or combustible dust/lint (e.g., shut down equipment). 	1		
DATE	JOB NUMBER	Remove ignitable liquid, combustible dust/lint and combustible residues	s.		
LOCATION OF WORK (BUILDING/FLOOR/)B.IFCT)	Shut down ventilation and conveying systems.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Remove combustibles and consider a second fire watch on opposite			
WORK TO BE PERFORMED		— side of floor, wall, ceiling or roof when openings exist or thermally conductive materials pass through.			
		Is work on a combustible building assembly (e.g., torch-applied roofing	g)?		
NAME OF PERSON PERFORMING HOT W	ORK	If yes, provide ADDITIONAL REQUIRED PRECAUTIONS below.			
		Hot work on/in closed equipment, ductwork or piping			
NAME OF PERSON PERFORMING FIRE WATCH		□□ Isolate equipment from service.			
I verify the above location has been exar	nined the Required Precautions	Remove ignitable liquid and purge flammable gas/vapor. Prior to work, and/or during work, monitor forlfammable gas/vapor.			
have been taken, and permission is author		LEL reading(s):			
PERMIT AUTHORIZER (PRINT AND SIGN)		Remove combustible dust/lint or other combustible materials.			
		Is work on/in equipment with nonremovable combustible linings or parts? If yes, provide ADDITIONAL REQUIRED PRECAUTIONS below.			
THIS PERMIT EXPIRES ON (LIMIT AUTHOF	IZATION TO ONE SHIFT):	Fire watch/fire monitoring the hot work area Times listed are sufficient for majority. Use Table at back of permit for			
DATE: TIME:	🗆 AM 🗖 PM	guidance for combustible concealed cavities, roof work or favorable			
Hot Work Date: Start Time:		Tactors.			
Finish Time:					
Post-Work Fire Watch Finish Time:	🗌 AM 🗌 PM				
Performed By		Perform fire monitoring for			
Fire Monitor Person D Other Finish 1	īme: 🗌 AM 🗌 PM	1 3 hours or Other hours.			
Name/Other		ADDITIONAL REQUIRED PRECAUTIONS:			
Final Check Time:	AM PM	1			
Name					
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WARNING HOT WORK IN PROGRESS! Watch for fire!

In case of emergency, call the contacts listed below before attempting to extinguish the fire.

Site Location	Number
UIHC Medical Center on the University Campus	195
All other University facilities or properties	911

Construction and Occupancy Factors for Post-Work Fire Watch and Monitoring Periods For University of Iowa and University of Iowa Health Care

				Construction Factors			
		Noncombustible construc- tion or FM Approved Class 1 building materials		Combustible construction without concealed cavities		Combustible construction with unprotected concealed cavities	
		Watch	Monitor	Watch	Monitor	Watch	Monitor
	Noncombustible with any combustibles contained within closed equipment (e.g., ignitable liquid within piping)	1 hour	0 hours	1 hour	3 hours	1 hour	5 hours
ictors	Office, classroom, healthcare, retail or manufacturing with limited combustible loading	1 hour	3 hours	1 hour	3 hours	1 hour	5 hours
Occupancy Factors	Manufacturing with moderate to significant combustible loading except as noted below	1 hour	3 hours	1 hour	3 hours	1 hour	5 hours
ıbal	Warehousing	1 hour	3 hours	1 hour	3 hours	1 hour	5 hours
Occi	Exceptions: Occupancies with processing or having bulk storage of combustible materials capable of supporting slow-grow- ing fires (e.g., paper, pulp, textile fibers, wood, bark, grain, coal or charcoal)	1 hour	3 hours	1 hour	3 hours	1 hour	5 hours

When performing torch-applied roofing, apply additional precautions and conduct a minimum 2-hour fire watch and 3 hours fire monitoring. When performing hot work on/in equipment containing nonremovable combustible linings or parts, apply additional precautions and conduct a minimum 1-hour fire watch and 3 hours fire monitoring within the equipment, and in the surrounding areas per table above.

For more information on hot work management, refer to the University of Iowa Policy 1140134.

Completed Hot Work Permits Should be Returned to the Locations Listed Below:

Site Location	Permit Return Location
UIHC – All Permits	UIHC Fire & Life Safety
All Other Locations (Non-UIHC) – Capital Projects	General Contractor for project duration
All Other Locations (Non-UIHC) – All Other Permits	Permit Authorizer to be retained for FM audit



