**Objective:** To reinforce proper fire prevention practices applicable to welding and hot work.

 **Hot work** produces flames or sparks that present a fire ignition hazard to the surrounding environment and personnel.

 **Fire hazard assessment:**

Before any hot work is permitted, perform a thorough assessment and document potential hazards associated with each task, including:

* All activities required for completing the task.
* The hazards associated with each of those activities.
* Any additional environmental hazards.

 **Fire prevention measures:**

* **Fire watch:** Establish a fire watch in areas where fires might develop. Continue the watch for at least 30 – 60 minutes after completion of hot work.
* **Visible ignition sources:** Identify and relocate all potential ignition sources that are within 35 feet of your work area.
* **Hidden ignition sources:** Identify and relocate combustibles located on the opposite side of partitions and ceilings that will be subject to welding or cutting.
* **Extinguishers:** There must be one 10-pound ABC fire extinguisher per hot work zone.
* **Ducts and conveyer systems:** Shut down ducts and conveyor systems that might spark.
* **Atmosphere control:** Monitor the air, checking for flammable or explosive gases or vapors. If necessary, purge and inert the atmosphere.
* **Safe disposal:** Provide metal buckets or containers for safe disposal of hot work debris.
* **Emergency systems inspection:** Confirm that fire sprinklers and other safety systems are operational when performing hot work indoors.

**Unmovable fire hazards:**

On some job sites, you will encounter difficult-to-remove combustible materials that are built into the work environment. If unable to remove fire hazards:

* If possible, choose an alternative work area.
* Establish restrictions and guards.
* Protect combustible floorsand other unmovable combustible materials with fire blankets, guards, or other suitable non-flammable material.
* In some cases, hot work may be prohibited.

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: Trainer’s Signature: \_\_\_\_\_

**Class Participants:**

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

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