

## Fire Protection Impairment/Hotwork Authorization

**All requests for Fire Protection shutdown and/or Hotwork must be submitted to EH&S 48 hours in advance unless an emergency has occurred. No work is to be performed until you received an authorization by EH&S.**

After you have completed the form, please save it to your local machine and send it as an attachment to [marc.longo@csi.cuny.edu](mailto:marc.longo@csi.cuny.edu) **AND** [EHS@csi.cuny.edu](mailto:EHS@csi.cuny.edu)

### General Information

Work Type :    Planned work                      Emergency

CSI Supervisor/Project Manager Name : \_\_\_\_\_

CSI Department : \_\_\_\_\_

Name of Employee/Contractor performing the work : \_\_\_\_\_

Department/Company performing work: \_\_\_\_\_

CSI Representatives contact name: \_\_\_\_\_

On-site Emergency contact number: \_\_\_\_\_

Building: \_\_\_\_\_

Room No: \_\_\_\_\_

Location/area:

Start Date/Time: \_\_\_\_\_

End Date/Time: \_\_\_\_\_

**Work Activity**

Description of Work being performed:

Particulate/Dust created:      Yes                  No

Containment measures :      Yes                  No

Does the job include Hotwork:

Before initiating hotwork :

Can this job be avoided:      Yes                  No

Is there a safer way:      Yes                  No

Can the work be performed in a different location:      Yes                  No

Type of hotwork being performed:

- Welding
- Soldering
- Grinding
- Cutting
- Other \_\_\_\_\_

Torch Operator (G-60): \_\_\_\_\_

C of F#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Fire Guard (F-60): \_\_\_\_\_

C of F #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_



Check which systems will be impaired:

- Standpipe
- Wet pipe
- Dry pipe
- ANSUL
- Foam
- Fire Alarm

Entire Fire Alarm System taken off line:            Yes            No

If yes, is this necessary?

If no, please specify the location and which devices need to be taken off line

If entire Fire alarm system is taken off line or an impairment occurs, EH&S must be made aware of how long the system will be offline/Impaired and who is responsible for Fire watch.

This authorization form applies only to this job and in the area specified during the date and time noted.

**THIS FORM MUST BE POSTED VISIBLY AT THE WORK LOCATION.** The form shall be made available for inspection by any representative of CSI or FDNY during the performance of the work.

The Employee or contractor listed on the authorization form is authorized to perform the described hotwork in the location described. The employee or contractor had been trained in the proper selection and use of portable fire extinguishers and will have an approved fire extinguisher available during the Hotwork and subsequent fire watch. Use of building provided fire extinguishers is not approved to meet this requirement. The employee or contractor performing the work shall inspect the area to ensure it is clear of flammable or combustible materials and will ensure all conditions are met. Torch operators shall ensure that the hotwork equipment is in proper working condition with no signs of damage. Prior to beginning hot work, the employee or contractor shall ensure that proper fire detection and/or suppression systems are properly protected to prevent damage and/or accidental activation.

- In the event of an emergency please call Public Safety at 718.982.2111
- Prior to beginning work, verify that the Fire Protection equipment has been shut down as requested by contacting Public Safety 718.982.2111.

This area is for use by EH&S Personnel Only

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EH&S Authorization Signature: \_\_\_\_\_

Authorization Number#: \_\_\_\_\_

Devices taken off line: \_\_\_\_\_

Entire System Taken off line: \_\_\_\_\_

Was Public Safety Notified: \_\_\_\_\_

Is a fire watch in place: \_\_\_\_\_

Was FDNY notified: \_\_\_\_\_