HOT WORK RISK ASSESSMENT

Date: __________________

Building & Room#: ________________

Project Name &/or #: ________________

1. Have PCRA/ICRA/ILSM been completed? If no, then NO WORK IS PERMITTED.
   Yes _____ (initial)

2. Is there any equipment/furniture/walls/etc. that needs to be appropriately protected from possible fire damage?
   Yes or No _____ (initial)

3. Are there any smoke detectors that need to be removed or disabled or covered? Yes or No
   How Many? ___
   Initial____

4. Have all sprinkler heads been located? Yes or No
   How Many? ___
   Initial____

5. Is fire sprinkler system at risk of being set off, damaged, or busted while work is being performed?
   Yes or No _____ (initial)

6. If “Yes” to #5, how many fire sprinkler(s) must be protected?
   How Many? ___
   Initial____

7. Should fire sprinkler system be deactivated? (capped/plugged/shutdown) Yes or No
   If yes, why? ______________________________
   Initial____

8. Name of Employee Conducting Fire Watch: ______________________________
   Does person conducting Fire Watch have a fire extinguisher? YES or NO
   Is person conducting Fire Watch trained on how to properly use a fire extinguisher? YES or NO
   Is person conducting Fire Watch trained on Georgia Regents Medical Center’s Code Red (Fire) procedure? YES or NO
   Is person conducting Fire Watch aware of where the nearest pull-station is located? YES or NO

9. Has supervisor verified all questions above? Yes or No
   Supervisor’s Name: ______________________________

NAME OF EMPLOYEE CONDUCTING HOT WORK: ______________________________

SIGNATURE: ____________________________________________________________