

Name of Company  
Conducting Hot Work: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

### **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:** \_\_\_\_\_