

# Hot Work Permit Request Form



The Hot Work Permit Request Form must be completed by the WCM staff member coordinating the hot work (i.e. E&M Supervisor, Project Manager, or Practice Manager).

Complete and submit this form and any required FDNY permits to EHS by email ([fire@med.cornell.edu](mailto:fire@med.cornell.edu)). EHS will contact you to schedule a work site visit or request additional information.

- **Normal business hours requests:** Submit within **48 hours** in advance.
- **Off-hours requests** (including weekends): Submit **at least one week** in advance.
- **Emergency work requests:** Submit form and contact the EHS Hot Work Phone number listed below.

## WCM REQUESTER

WCM Requester Name:	Department:
Signature:	Date:

## GENERAL INFORMATION

Hot Work Location/Building:	Floor:	Room:
-----------------------------	--------	-------

Scope of Hot Work Area (BE SPECIFIC):

Date:	Start Time:	End Time:
<b>Consecutive days that require hot/ dust work to be done, requires multiple requests submitted with date adjustment.</b>		

Type:		<b>OFF- HOURS / EMERGENCY REQUEST:</b>
<input type="checkbox"/> Oxy-Acetylene Cutting/ Welding	<input type="checkbox"/> Grinding	<input type="checkbox"/> Before 8am / After 5pm
<input type="checkbox"/> Arc Welding	<input type="checkbox"/> Plasma Cutting	<input type="checkbox"/> Weekend
<input type="checkbox"/> Brazing	<input type="checkbox"/> Dust Only Conditions	<input type="checkbox"/> Emergency
<input type="checkbox"/> Soldering	<input type="checkbox"/> Other (list):	

For Off-Hours / Emergency Requests, provide the reason the hot work cannot be conducted during normal business hours or provide the reason emergency hot work is needed:

## CONTACT INFORMATION

Name of the Company Performing the Work:	<input type="checkbox"/> WCM <input type="checkbox"/> Contractor	
Responsible Person for Hot Work Area:	Title:	Phone / Radio #:

## EHS CONTACT INFORMATION

**EHS HOT WORK PHONE NUMBER: 347-735-9262**      **EMAIL: [fire@med.cornell.edu](mailto:fire@med.cornell.edu)**



**Weill Cornell  
Medicine**

**Environmental Health and Safety**

TEL 646-962-7233    WEB [weill.cornell.edu/ehs](http://weill.cornell.edu/ehs)    EMAIL [ehs@med.cornell.edu](mailto:ehs@med.cornell.edu)

Weill Cornell Medicine | 402 East 67th Street, Room LA-0020 | New York, NY 10065