**Objective:** To reinforce proper fire prevention practices necessary for welding and hot work.

**Fire Prevention Measures**

* **Fire Hazard Assessment:** Before beginning work, perform a thorough assessment and document potential hazards associated with each task. Assess all activities required for completing the task, the hazards associated with each of those activities, and any additional hazards. If a hot work permit is needed, issue it once it’s confirmed that fire hazards are mitigated.
* **Fire Watch**: Establish a fire watch in hot work-permitted areas where fires might develop. Additional fire monitoring may be needed after the fire watch ends.
* **Visible Ignition Sources:** Identify and relocate all potential ignition sources that are within 35 feet of your work area. If sparks, slag, or other ignition sources have the potential to travel farther than 35 feet, extend the relocation zone to meet the necessary distance.
* **Hidden Ignition Sources:** Identify and relocate combustibles that are on the opposite side of partitions and ceilings subject to welding or cutting. Shield or cover partitions, windows, door openings, or other areas made of combustible materials.

Inspect the hot work area prior to using it to eliminate potential fire hazards.

* **Extinguishers:** Equip the hot work zone with a suitable fire extinguisher.
* **Ducts and conveyor systems:** Shut down ducts and conveyor systems that may carry sparks to other areas of the facility.
* **Atmosphere Control:** Monitor the air for flammable or explosive gases or vapors. Ensure a safe atmosphere before beginning work.
* **Safe Disposal:** Use metal buckets or containers to safely dispose hot work debris.
* **Emergency Systems Inspection:** Confirm that fire sprinklers and other safety systems are operational when performing hot work indoors.
* **Unmovable hazards:** If you can’t remove fire hazards from the area, cover or shield them effectively. If that can’t be done, prohibit hot work in that area and choose an alternative area.

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:

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