County of Santa Clara

Welding Permit

This permit expires on ______________________ (date)

☐ ONE YEAR PERMIT (for areas specifically designed or approved for welding)

☐ ONE DAY PERMIT (for all other areas)

Time work started _______ Completed _______

Address & Location ______________________________________________________________________

Describe work to be done ___________________________________________________________________________________

• Inspect Before Work Begins:
  ☐ Welding operation approved by Fire Marshal.
  ☐ Fire sprinklers (if present) are in service.
  ☐ Welding equipment is in good repair.
  ☐ Personal protective equipment is complete.
  ☐ Welders are protected from fumes, either by ventilation or by complying fully with the County’s
    respiratory protection procedures.
  ☐ This permit is posted at the work site.
  ☐ Other precautions ____________________________________________________________

• Within 35 feet of work
  ☐ Floors are swept clean of combustibles.
  ☐ Combustible floors are wet down, covered with damp sand, metal, or other shields.
  ☐ Combustibles and flammable liquids are removed or shielded.
  ☐ All wall and floor openings are covered.
    Covers are suspended beneath work to collect sparks.

• Work on Walls or Ceilings
  ☐ Construction is non combustible and without combustible covering.
  ☐ Combustibles are away from opposite side of wall.

• Work on Enclosed Equipment
  ☐ Equipment is cleared of all combustibles.
  ☐ Containers are purged of flammable vapors.
  ☐ Welders are protected from confined space hazards, either by not having to enter confined
    spaces, or by complying fully with the County’s confined space entry procedures.

• Fire Watch
  ☐ Is not required (see procedures for more detail).
  ☐ Is required (check all items below).
  ☐ Will watch for fires during and 30 minutes after operation.
  ☐ Has a fire extinguisher.
  ☐ Has been trained how to use fire equipment and sound the fire alarm.

I have personally inspected the work area and made sure all the necessary precautions were taken.
Signed ______________________________    Date & Time: _______________________________

(individual responsible for authorizing welding and cutting)

IN CASE OF FIRE, DIAL: (9) 911 (FROM COUNTY PHONES); 911 (FROM OTHER PHONES)

I personally inspected, 30 minutes after the work was completed, the work area and all adjacent areas to which sparks
and heat might have spread, including floors above and below and on opposite sides of walls.

Signed ______________________________    Date: _____ / _____ / 20_    Time: ___:___ ☐ AM ☐ PM

(Supervisor or Fire Watch)
13.17.6 Appendix F: NIOSH Designations for Filters (42 CFR 84)

SEND COPIES OF THIS PERMIT TO OSEC and ESA INSURANCE
Retain Original Copy for 3 Years