GMI Welding, Cutting and Brazing (Hot Work) Policy

Purpose of this policy is to prevent any fires or injury that may result from hot work processes. Employees and contractors performing cutting, welding and brazing operations are required to be suitably trained in the safe operation of the equipment used.

This policy applies to all hot work performed inside or on any structure (e.g. roofs, patios, and balcony) by contractor or authorized employee.

Written approval by completing a "Hot Work Request Permit" for all hot work must be obtained from either the RPM, V.P. of Operations, or Director of Maintenance prior to any work being performed.

GMI employees are not permitted to perform any hot work inside any walls, ceilings, and flooring at anytime. This work is to be contracted out.

GMI authorized employee shall have sufficient technical knowledge, training and practical experience in the hot work processes and their associated hazards.

Hot work will only be performed in areas that are or have been made safe. Authorized employee or contractor shall perform a hazard assessment prior to work being performed.

All hot work is required to have a competent person as a fire watch and a fully charged and operable ABC type fire extinguisher at the work location.

Must follow the procedures set forth in, and to comply with GMI Employee Safety Handbook and this policy.

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Hot Work Request

Building/location: Date of work being performed:

Authorized person:

Contractor:

Description of work:_____

_____

_____

_____

Building-unit/Area Condition (Completed by the Authorized Person)

Can the area be made fire safe with no special considerations (Yes/No)

ABC fire extinguishers available and operable? (Minimum size 5lbs) (Yes/No)

Are combustible and flammable materials in area? (Yes/No)

If yes-are they protected with covers or guards? (Yes/No)

Is adequate mechanical or natural ventilation provided? (Yes/No)

Are floors swept, debris cleared, cracks or holes in floors, walls covered? (Yes/No)

Comments for items checked "No"_____

Authorized Persons Signature_____Date_____

Approval (Only need one)

RPM_____Date_____

V.P. Operations _____Date_____

Director of Maintenance_____Date_____