

## CONTRACTOR WELDING, CUTTING, BRAZING

<b>PART 1: CONTRACTOR'S EXPOSURE ASSESSMENT</b>				
<b>Identify what welding, cutting and/or brazing you are doing: (Check box or fill-in type below)</b>				
Welding	Thermal Cutting	Brazing (No cadmium filler BAg-1 or BAg-2; Silver not to exceed 45%)		
MIG <input type="checkbox"/>	Oxy-acetylene <input type="checkbox"/>	Oxy-acetylene <input type="checkbox"/>		
TIG <input type="checkbox"/>				
Stick <input type="checkbox"/>	Plasma arc <input type="checkbox"/>			
Other				
<b>Identify the base metal you are welding, cutting or brazing: (Check box or fill-in below)</b>				
Carbon steel <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Stainless steel <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Other:
<b>Is there a coating on the base metal? (Check box) YES <input type="checkbox"/> NO <input type="checkbox"/></b>				
If YES:				
<ul style="list-style-type: none"> <li>• Remove coating 4" on all sides of area to be burned</li> <li>• Do not use methylene chloride based strippers</li> <li>• Do not use power tools or heat to remove coatings unless certified free of lead, cadmium, lead chromate</li> </ul>				
<b>Is there arc flash bystander potential? (Check box) YES <input type="checkbox"/> NO <input type="checkbox"/> If YES: shielding is required</b>				
<b>Contaminants (inside or outside) pipe or vessel: (Check box) YES <input type="checkbox"/> NO <input type="checkbox"/></b>				
1) If YES, has it been inerted, evacuated/purged, surfaced cleaned: YES <input type="checkbox"/> NO <input type="checkbox"/>				
2) If NO to #1 above, list contaminants (examples: beryllium, rad materials, natural gas) and controls:				
<b>How often will welding, cutting and/or brazing be performed? (Check box or fill-in below)</b>				
One time only <input type="checkbox"/>	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other:
<b>How long is the estimated "burn time"? (Check box below)</b>				
Less than 30 minutes <input type="checkbox"/>	One hour <input type="checkbox"/>	1 to 4 hrs <input type="checkbox"/>	4 to 8 hrs <input type="checkbox"/>	
<b>Location (Bldg):</b>			<b>Room(s):</b>	
<b>Location Description</b> [be specific as to type of space, examples: crawl space, ceiling space, fab shop, excavation, utility trench, air handling unit, closet, manhole sewer, confined space and activity. Example: Bldg 890 mechanical room steam line piping that runs thru ceiling space requires overhead welding]:				

<b>PART 2: CONTROL GUIDANCE/GUIDELINES</b> [Does not replace Contract Specific Safety Plan (CSSP) requirements!]			
<b>Local Exhaust Ventilation (LEV) Considerations:</b>			
<ul style="list-style-type: none"> <li>Any welding in a confined or small space? [Examples: crawl space, ceiling space, excavation, utility trench, air handler unit, closet, manhole sewer.]</li> <li>Impact to building HVAC and occupants?</li> <li>Excavations of 5 feet or greater?</li> <li>TIG welding on aluminum or stainless steel (generates ozone) in a confined space or small space?</li> <li>No air movement (dead space)?</li> <li>Galvanized or stainless steel welding "burn time" of 4 hrs or more?</li> <li>Cutting: Plasma or Arc cutting "Burn time" of 4 hrs or more? Arc gouging "burn time" of 2 hrs or more?</li> </ul>			
<b>Personal Protective Equipment (PPE) Considerations:</b>			
<ul style="list-style-type: none"> <li><b>Eye/Face/Hand/Body:</b> All welding requires arc flash, spark, and spatter protection. PPE must not be prone to ignition or melting.</li> <li><b>Respirator:</b> If LEV can not be utilized or if LEV is insufficient.</li> <li><b>Hearing Protection:</b> may be required for plasma arc welding, arc gouging, or specific site hazards.</li> </ul>			
<b>PART 3: CONTRACTOR'S SELECTED CONTROLS</b> [Contractor must comply with OSHA 1926 Subpart J <i>Welding and Cutting</i> or 1910 Subpart Q <i>Welding, Cutting, and Brazing</i> as applicable!]			
<b>Ventilation (Check box or fill-in below)</b>			
<b>Natural</b>		<b>General mechanical (dilution)</b>	<b>Local Exhaust (LEV)</b>
Outside <input type="checkbox"/>		HVAC <input type="checkbox"/>	Ducted fans (e.g., Coppus™) <input type="checkbox"/>
Inside (wind tunnel effect with open doors) <input type="checkbox"/>		Ceiling fan <input type="checkbox"/>	Welding fume extractor <input type="checkbox"/>
Other:		Pedestal or box fan <input type="checkbox"/>	Other:
		Other:	
<b>Personal Protective Equipment (PPE) List specific eye/face, hand/body, hearing protection below</b>			
<b>UV Eye/Face Protection:</b>	<b>Welding:</b>	<b>UV shade #:</b>	<b>When not welding:</b>
<b>Hand and Body Protection:</b>			
<b>Respirator:</b>		<b>NIOSH approved respirator cartridge:</b>	
<b>Hearing Protection:</b>			
<b>Contractor Representative (Ensures all affected workers comply with selected controls)</b>			
<b>Print:</b>	<b>Signature:</b>		<b>Date:</b>
<b>Company Name:</b>		<b>Company Phone:</b>	<b>SNL Project #:</b>
<b>Mobile Phone:</b>		<b>Pager:</b>	
<b>Sandia Industrial Hygiene Acceptance</b> Unless conditions change acceptance valid for 1 year or until:			
<b>Print:</b>	<b>Signature:</b>		<b>Date:</b>

For information on this form contact: [Diane Morrell](#)