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**CONTRACTOR WELDING, CUTTING, BRAZING**

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| **PART 1: CONTRACTOR’S EXPOSURE ASSESSMENT** | | | | | | | | | | | |
| **Identify what welding, cutting and/or brazing you are doing: (Check box or fill-in type below)** | | | | | | | | | | | |
| **Welding** | | | **Thermal Cutting** | | | | | **Brazing (No cadmium filler BAg-1 or BAg-2; Silver not to exceed 45%)** | | | |
| MIG | | | Oxy-acetylene | | | | | Oxy-acetylene | | | |
| TIG | | |  | | | | |  | | | |
| Stick | | | Plasma arc | | | | |  | | | |
| Other | | |  | | | | |  | | | |
| **Identify the base metal you are welding, cutting or brazing: (Check box or fill-in below)** | | | | | | | | | | | |
| Carbon steel | Galvanized | | | Stainless steel | | | Aluminum | | | Other: | |
| **Is there a coating on the base metal? (Check box)** YES  NO  If YES:   * Remove coating 4” on all sides of area to be burned * Do not use methylene chloride based strippers * Do not use power tools or heat to remove coatings unless certified free of lead, cadmium, lead chromate | | | | | | | | | | | |
| **Is there arc flash bystander potential? (Check box)** YES  NO  If YES: shielding is required | | | | | | | | | | | |
| **Contaminants (inside or outside) pipe or vessel**: **(Check box)** YES  NO  1) **If YES**, has it been inerted, evacuated/purged, surfaced cleaned: YES  NO  2) **If NO to #1 above, list contaminants** (examples: beryllium, rad materials, natural gas) **and controls:** | | | | | | | | | | | |
| **How often will welding, cutting and/or brazing be performed? (Check box or fill-in below)** | | | | | | | | | | | |
| One time only | Daily | | | Weekly | | Monthly | | | Other: | | |
| **How long is the estimated “burn time”? (Check box below)** | | | | | | | | | | | |
| Less than 30 minutes | | One hour | | | 1 to 4 hrs | | | | | | 4 to 8 hrs |
| **Location (Bldg):** | | | | | **Room(s):** | | | | | | |
| **Location Description** [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]**:** | | | | | | | | | | | |

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| **PART 2: CONTROL GUIDANCE/GUIDELINES**  **[Does not replace Contract Specific Safety Plan (CSSP) requirements!]** | | | | | | | | | | | |
| **Local Exhaust Ventilation (LEV) Considerations:**   * Any welding in a confined or small space? [Examples: crawl space, ceiling space, excavation, utility trench, air handler unit, closet, manhole sewer.] * Impact to building HVAC and occupants? * Excavations of 5 feet or greater? * TIG welding on aluminum or stainless steel (generates ozone) in a confined space or small space? * No air movement (dead space)? * Galvanized or stainless steel welding “burn time” of 4 hrs or more? * Cutting: Plasma or Arc cutting “Burn time” of 4 hrs or more? Arc gouging “burn time” of 2 hrs or more? | | | | | | | | | | | |
| **Personal Protective Equipment (PPE) Considerations:**   * **Eye/Face/Hand/Body:** All welding requires arc flash, spark, and spatter protection. PPE must not be prone to ignition or melting. * **Respirator:** If LEV can not be utilized or if LEV is insufficient. * **Hearing Protection:** may be required for plasma arc welding, arc gouging, or specific site hazards. | | | | | | | | | | | |
| **PART 3: CONTRACTOR’S SELECTED CONTROLS**  **[Contractor must comply with OSHA 1926 Subpart J *Welding and Cutting* or 1910 Subpart Q *Welding, Cutting, and Brazing* as applicable!]** | | | | | | | | | | | |
| **Ventilation (Check box or fill-in below)** | | | | | | | | | | | |
| **Natural** | | | **General mechanical (dilution)** | | | | | **Local Exhaust (LEV)** | | | |
| **Outside** | | | **HVAC** | | | | | **Ducted fans (e.g., Coppus™)** | | | |
| **Inside**(wind tunnel effect with open doors) | | | **Ceiling fan** | | | | | **Welding fume extractor** | | | |
| **Other:** | | | **Pedestal or box fan** | | | | | **Other:** | | | |
| **Other:** | | | | |
| **Personal Protective Equipment (PPE) List specific eye/face, hand/body, hearing protection below** | | | | | | | | | | | |
| **UV Eye/Face Protection:** | **Welding:** | | | | | **UV shade #:** | | | **When not welding:** | | |
| **Hand and Body Protection:** | | | | | | | | | | | |
| **Respirator:** | | | | **NIOSH approved respirator cartridge:** | | | | | | | |
| **Hearing Protection:** | | | | | | | | | | | |
| **Contractor Representative (Ensures all affected workers comply with selected controls)** | | | | | | | | | | | |
| **Print:** | | **Signature:** | | | | | | | | | **Date:** |
| **Company Name:** | | | | | **Company Phone:** | | | | | **SNL Project #:** | |
| **Mobile Phone:** | | | | | **Pager:** | | | | | | |
| **Sandia Industrial Hygiene Acceptance**  Unless conditions change acceptance valid for 1 year or until: | | | | | | | | | | | |
| **Print:** | | **Signature:** | | | | | **Date:** | | | | |

For information on this form contact: [Diane Morrell](https://webprod.sandia.gov/SAPLE/search.jsp?source=dir_portlet_go&query=snlid:163410&viewType=single)