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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?
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| **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.
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| **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)