**CONTRACTOR WELDING, CUTTING, BRAZING REQUEST**

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| **SECTION 1: DESCRIPTION OF WORK** | | | | | | | | |
| **Date:** | | **Requestor:** | | | | | | |
| **Company Name:** | | **Company Point of Contact:** | | | | | | |
| **SNL Project Number:** | | **Point of Contact Phone Number:** | | | | | | |
| **Planned Start Date:** | **Planned End Date:** | **Outdoors**  **Indoors** | | **Building Number:** | | | **Building Room(s):** | |
| **Scope of WCB Work to be Performed:** | | | | | | | | **# of Persons Welding:** |
| **Check WCB work to be performed:** | | | | | | | | |
| **Welding**  Gas Metal Arc Welding (MIG)  Gas Tungsten Arc Welding (TIG)  Shielded Metal Arc Welding (Stick)  Flux-cored Arc Welding  Thermite/Exothermic Welding  Other (Describe): | | **Cutting**  Oxy-Fuel Fame Cutting  Plasma Arc-Cutting  Arc-Gouging  Other (Describe): | | | **Brazing**  *Note: No cadmium filler Bag-1 or Bag-2. Silver is not to exceed 45%.*  Oxyacetylene  Soldering  Other (Describe): | | | |
| **Electrode and/or filler rod type (if welding or brazing indoors):** | | | | | | | | |
| **Identify the base metal you are welding, cutting or brazing:**  Carbon Steel  Copper  Galvanized  Stainless Steel  Aluminum | | | | | | | | |
| **Planned Duration of WCB work (check the appropriate box):**  One day  Longer than one day, shorter than one week  Longer than one week  **If longer than one week, please indicate approximate number of weeks:** | | | | | | | | |
| **Maximum anticipated time spent WCB in one shift (check the appropriate box):**  Less than one hour  More than one hour, less than four hours  More than four hours | | | | | | | | |
| **SECTION 2: HAZARDS OF WORK (Check all that apply)** | | | | | | | | |
| **Hazards of coatings:** | | | | | | | | |
| Is there a coating (paint/epoxy/other) on the base metal?  Yes  No   * If “Yes.” remove the coating within 4” of all areas to be burned. Do not use strippers containing methylene chloride. * Do not use power tools or heat to remove coatings unless coatings tested and certified to be free of lead. Retain testing documentation at the jobsite. | | | | | | | | |
| **Hazards of Arc:** | | | | | | | | |
| Is there a potential for bystanders to be exposed to the arc?  Yes  No  **If “Yes,” describe how the operation will be shielded to prevent this exposure:** | | | | | | | | |
| **Hazards of Vessels:** | | | | | | | | |
| Is welding or cutting work required on a pipe or vessel (tank or other)? Yes No   * If “Yes” is the pipe or vessel empty and clean? Yes No * If “Yes” is the pipe or vessel isolated from the system, using LOTO as necessary?  Yes No   Is purge gas required in the pipe or vessel? Yes No  **If “yes” describe gas and volume:** | | | | | | | | |
| **Hazards of Location (check all that apply):** | | | | | | | | |
| Work will occur in a small or confined space (such as a crawl space, pipe chase, interstitial, trench, air handler, closet, vault, manhole, etc.)  Building occupants will be in vicinity while work is performed | | | There are HVAC system uptakes in vicinity of work  Area has no direct access to the outside (basement, interior room, sealed windows)  Wet or damp area  Flammable or combustible materials in vicinity | | | | | |
| **SECTION 3: CONTRACTOR SELECTED CONTROLS (Check all that apply)**  **[Note: Contractor must comply with OSHA 1926 Subpart J - *Welding and Cutting* or 1910 Subpart Q - *Welding, Cutting, and Brazing* and Subpart Z - *Toxic and Hazardous Substances,* as applicable]** | | | | | | | | |
| **Natural Ventilation**  Outside  Inside - open doors/windows  Other (Describe): | | **General Exhaust Ventilation**  HVAC  Portable Fans  Ceiling Fans  Other (Describe): | | | | **Local Exhaust Ventilation**  Ducted Fans (e.g. Copus)  Welding Fume Extractor  Other (Describe): | | |
| **Contractor Selected Personal Protective Equipment (Check all that apply):** | | | | | | | | |
| **Eye Protection:**  Gas Welding Goggles – Shade:  4  5  6  7  8  Arc Welding Helmets w/ Safety Glasses/Goggles: Shade  9  10  11  12  13  14  AutoDarken  **Will Grinding be Performed?** Yes  No  If “Yes”, Eye/Face Protection Selected:  Face Shield over Safety Glasses/Goggles  Welding Helmet with Grinding Mode over Safety Glasses/Goggles | | | | | | | | |
| **Hand and Body Protection:**  Leather Gloves  Leather Gloves with Gauntlets  Welding Jacket  Welding Sleeves  Other (Describe): | | | | | | | | |
| **Respiratory Protection:**  None  Half Mask  Powered Air Purifying Respirator  Air Line with Escape Bottle  **NIOSH Approved Filter Type:** | | | | | | | | |
| **Hearing Protection:**  None  Ear Plugs  Earmuffs **Provide Noise Reduction Rating (NRR):** | | | | | | | | |
| **SECTION 4: APPROVALS** | | | | | | | | |
| **Contractor Representative (Ensures compliance with all controls):** | | | | | | | | |
| **Name:** | | **Signature:** | | | | **Date:** | | |
| **Sandia Industrial Hygiene Acceptance:** | | | | | | | | |
| *This assessment is valid as along as the conditions, scope of work and type of WCB remain the same, or until the expiration date, whichever comes first.* | | | | | | **Expiration Date:** | | |
| **Name:** | | **Signature:** | | | | **Date:** | | |

Submit this request to **WCBrequests@sandia.gov**