**CONTRACTOR WELDING, CUTTING, BRAZING REQUEST**

|  |
| --- |
| **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 [ ]  NoIf “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**