

CONTRACTOR WELDING, CUTTING, BRAZING

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 <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				
Identify the base metal you are welding, cutting or brazing: (Check box or fill-in below)				
Carbon steel <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Stainless steel <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Other:
Is there a coating on the base metal? (Check box) YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES:				
<ul style="list-style-type: none"> • 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 <input type="checkbox"/> NO <input type="checkbox"/> If YES: shielding is required				
Contaminants (inside or outside) pipe or vessel: (Check box) YES <input type="checkbox"/> NO <input type="checkbox"/>				
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:				
How often will welding, cutting and/or brazing be performed? (Check box or fill-in below)				
One time only <input type="checkbox"/>	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other:
How long is the estimated "burn time"? (Check box below)				
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"/>	
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]:				

PART 2: CONTROL GUIDANCE/GUIDELINES [Does not replace Contract Specific Safety Plan (CSSP) requirements!]			
Local Exhaust Ventilation (LEV) Considerations:			
<ul style="list-style-type: none"> 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:			
<ul style="list-style-type: none"> 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 <i>Welding and Cutting</i> or 1910 Subpart Q <i>Welding, Cutting, and Brazing</i> as applicable!]			
Ventilation (Check box or fill-in below)			
Natural		General mechanical (dilution)	Local Exhaust (LEV)
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:	
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](#)