

University of Central Arkansas  
Welding Permit

The following permit is meant to ensure proper notification of campus personnel, prior to any welding activity, within the building premises of the University of Central Arkansas.

Permit # \_\_\_\_\_

Date issued: \_\_\_\_\_

Name of company responsible for welding activity: \_\_\_\_\_

Building name / location of welding: \_\_\_\_\_ / \_\_\_\_\_

Type of welding to be done:

Arc -	_____
Oxygen / Acetylene -	_____
Wire feed -	_____
TIG -	_____
Other -	_____

Due to the possible affect of smoke on the building Fire Alarm Systems, adequate notice must be given to the Physical Plant to conduct proper notification, disabling and or bagging off of smoke detectors within the permit area.

Date \_\_\_\_\_ / Time of welding: Approx. duration:

\_\_\_\_\_ / \_\_\_\_\_

Days \_\_\_\_\_ Hours \_\_\_\_\_

**Notifications**

(Building Administrator)

Person notified: \_\_\_\_\_ Date of notification \_\_\_\_\_

(Physical Plant)

Person notified: \_\_\_\_\_ Date of notification \_\_\_\_\_

(UCA PD)

Person notified: \_\_\_\_\_ Date of notification \_\_\_\_\_

Authorized by: \_\_\_\_\_

The company named on this permit has been authorized to perform welding under the guidelines stated in this permit. Deviation from the above information may require re-authorization of this permit through the UCA Physical Plant.