



Smith County Fire Marshal's Office
Office of Emergency Management
11325 Spur 248 Tyler, Texas 75707
903-590-2655 Fax: 903-590-2647

WELDING VERIFICATION FORM

Company/Individual Name: _____

Contact Person/Person Called: _____

Telephone #: _____ Alt/Emer. Phone #: _____

Time Welding Operations will begin: _____

Location/Address of Operations: _____

Court Order Checklist:

Welding Operations shall be prohibited with the exception of Welding Operations conducted under the following guidelines:

1. A spotter is required for each welder, each cutter, each grinder, and for any activity that causes or may cause a spark.
2. A diameter around the welding area shall be a minimum of 25 feet and clear of vegetation, if possible, and kept wet. The welding perimeter must be three times the height of the actual welding. Example: if the welding is occurring ten feet above the ground, a perimeter of thirty (30) feet must be protected.
3. A minimum of 10 gallons of water must be available on site.
4. A minimum of one (1) water pressure fire extinguisher per spotter is required and one spare. Each extinguisher should be at least 2 ½ gallons.
5. Each welding rig must have a Class B Chemical Fire Extinguisher.
6. If the work area cannot be cleared of vegetation, proper precautionary measures must be taken. Example: protecting brush, etc. by utilizing fire resistant tarps.
7. Welding in an enclosure is acceptable.
8. Each site will have cellular telephone communications for emergency response;
9. Relative humidity must be above 30 percent

Prior to ANY outdoor welding activity, a phone call shall be placed by the welder, or company conducting welding operations, to the Smith County Fire Marshal's Office (903-590-2652) relaying the location of the project, cell phone number for the contact person, name of part responsible, and name of the welder. After 5:00pm or on weekends, the notification must be made to the Smith County dispatch at (903) 566-6600.

Time/Date Call Logged: _____ / _____

Signature of Employee Logging/Receiving Info/Call: _____

FAXED/MAILED TO: _____

DATE: _____

SIGNATURE/NAME of PERSON PROVIDING INFO.: _____

CONTACT #: _____