



Rated Wall/Slab Penetrations Permit

Permit No. _____

Date Start: _____ Date Stop: _____ (Not to exceed 31 calendar days)

1. Location: _____
2. If cabling, piping, or other extended linear work, please describe route in detail (provide drawings or additional sheets, as necessary. (Please type in box below work being performed))

Work: _____

Project name: _____

3. Person (s) doing the work is:
☐ NYU School of Medicine or NYU Hospital Center staff
☐ Contractor staff: Name of contractor: _____

4. Contractor PM: _____

Phone #: _____

5. NYULMC PM: _____

Phone #: _____

6. Permit Issued by: _____ Date: _____

7. Is the Contractor/ In-house staff **HILTI Certified** by the hospital for Firestopping?
☐ Yes ☐ No

Name and HILTI Cert #: _____

8. Penetration Blue Vest Issued: ☐ Yes ☐ No

*Return date: _____

9. Fire stop Inspection by: _____ Date: _____

10. All fire stopped penetrations authorized by this permit have been properly sealed.

☐ Yes ☐ No

Comments: _____

11. Drawing showing location of work attached:

☐ Yes ☐ No

Failure to follow the above procedures shall result in the revocation of this permit and interruption of the work.

I CERTIFY THAT THE FOLLOWING SAFETY PRECAUTIONS WILL BE FOLLOWED:

A) All penetrations used in rated walls to run cable, pipe, conduit, ductwork, etc., will be fire stopped in accordance with UL approved materials and techniques. Materials shall be approved by the Building Systems Manager or designee.

B) New Penetrations shall be made by drilling or careful cutting to prevent unseen damage that may change the integrity of the wall.

ALL DEBRIS ABOVE THE CEILING MUST BE REMOVED BY THE CONTRACTOR.

C) New penetrations shall be used when doing new work. If an existing hole is used, the contractor is responsible for fire stopping the existing hole. Penetrations made but not used shall be repaired to meet UL requirements for the wall rating.

If any existing penetrations are found, Facilities Operations must be notified before ANY work commences.

D) All staff or contractor personnel performing fire stopping shall be trained in such by the manufacturer or outside agency. The contractor shall provide to the Facilities Operations Department a certificate or letter from the training agency listing names of trainees.

Contractor: _____

Signature: _____ Date: _____

This permit is valid for 31 calendar days from the date of issue. If the work exceeds that time, a new permit must be obtained from the Facilities Operations Department.

E) Contractor's validation that work is officially completed:

Contractor: _____

Signature: _____

Date: _____

UL System Used: _____

12. 30 Day Re-Inspection: _____ Date: _____

The work will NOT be considered complete until all penetrations as outlined above have been properly sealed and verified.