



Elevated Work Permit

Required for any non-routine work that would involve working 4 feet or more above the ground level or within 6 feet of an edge or opening without an engineered or pre-designated anchor point. Not required if task is completed on a permanent railed elevated work platform or where designed/ engineered systems are in place.

Issue Date:	Time:	Expiration Date:	Time:
Department/Area:		Work Performed by:	
Description of task:			
Prepared by:		Other permits/Procedures required:	

Planned Completed (Fill in all the blanks-N/A any that are not applicable to the tasked performed)

Fall Protection Equipment - fall protection equipment must be inspected every year by a trained individual.

- _____ _____ 1. Harness and accessories have been inspected prior to use.
- _____ _____ 2. Double locking snap hooks used on all lanyards/Self Retracting lifelines .
- _____ _____ 3. Self- Retracting Lifeline/Lanyards has been visually inspected.

Anchor Points

- _____ _____ 4. Circle the anchorage point designated/utilized: items not to be used as anchor points include but limited to: hazardous chemical lines, electrical conduit, insulated lines, handrails, plastic/aluminum pipe, hoists.
- A: Piping. Outside Diameter of pipe, what kind of line is it: _____
- B: Beams/Structural supports. Size of Beam/Support: _____
- C: Permanent fixed tie off point(s): _____
- D: Other. List item, Size, etc.: _____

- _____ _____ 5. All tie off points have been inspected.
- _____ _____ 6. Fall Protection systems prevents contacting next lower level or obstruction.
- _____ _____ 7. Adequate mobility with minimized swing hazard.
- _____ _____ 8. Communication /Rescue Plan Discussed.

Ladders

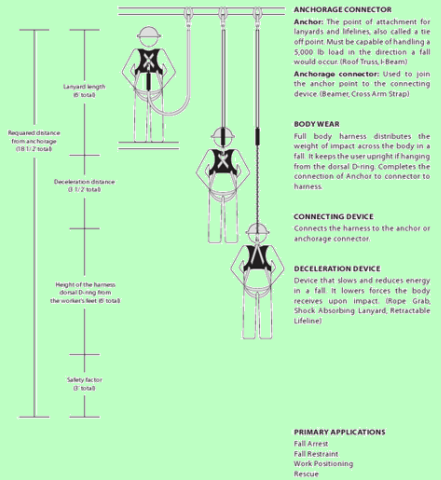
N/A

- _____ _____ 9. Ladder Inspected and OK for use (sturdy, parts intact, clean).
- _____ _____ 10. Ladder not positioned near doorway or moving vehicles.
- _____ _____ 11. Non- conductive ladder used near exposed electrical equipment.
- _____ _____ 12. All extension ladders secured or attended
- _____ _____ 13. Top of the ladder not secured to a device creating additional hazards (chemical line, etc.)
- _____ _____ 14. 4 to 1 ratio of vertical height of horizontal based maintained.
- _____ _____ 15. Extension ladder extends 3 feet about surface level for access
- _____ _____ 16. Work Area below is appropriately guarded to protect from falling tools, parts, etc.

Scaffolding

N/A

- _____ _____ 17. All users of scaffolding have completed scaffold user training.





- _____ 18. Scaffolding erected by a qualified and competent person and tagged appropriately.
- _____ 19. Scaffolding inspected at the beginning of the shift or prior to use by a competent person.
- _____ 20. Access/egress ladder positioned where it does not create an additional hazard.
- _____ 21. First page of permit completed in full for use of any yellow tagged scaffold (fall protection required)
- _____ 22. Work area below is appropriately guarded to protect personnel from falling tools, parts, etc.

Mobile Lifts N/A

- _____ 23. Lift maintained and used in accordance with manufactured requirements/capacity
- _____ 24. All operators of lift have been trained on proper lift use.
- _____ 25. Pre -use inspection of mobile equipment completed.
- _____ 26. Fall protection utilized with the lift per manufacturer’s recommendations
- _____ 27. Area inspection for pinch points/ overhead obstructions/electrical hazards.
- _____ 28. Barriers/procedures in place when working near moving equipment of near/ on rail tracks.
- _____ 29. Crane personnel baskets approved by Director of Safety and crane checklist/permit completed
- _____ 30. Work area below is appropriately guarded to protect personnel from falling tools, parts, etc.

Non – Routine Roof Access/ Control (Unguarded Edges and Openings) N/A

- _____ 31. General inspection of the roof completed to identify hazards.
- _____ 32. Properly guard dangerous areas of roof to prevent access (skylight, brittle roof areas. Etc.)
- _____ 33. Check off below all temporary guarding/barricades in place for unguarded roof edges.

- Guard Rails
- Personal Fall Arrest Systems
- Safety Nets
- Perimeter Warning Line
- Scaffold or Platforms
- Other: _____

All planned items are completed, hazards have been identified and control methods have been implemented. I now authorize work to begin.

Date: _____ Time: _____ Permit Coordinator’s Signature: _____

Approver(s) Signature: _____ **Date:** _____

Authorized Supervisor _____

I, the receiver(s), I understand the nature of the work authorized and the precautions that must be followed as specified in the permit.

Time started: _____ Time Finished: _____

Job Completion Check

Work has been completed and a final inspection has been performed. Permit is cancelled and space is approved for normal use.

Equipment ready for normal operations?	Initial:	Date:
Area returned to normal operating condition?	Initial:	Date: