

**United**  
**ELEVATED WORK PERMIT**

ATTACHMENT D

COMPANY : \_\_\_\_\_

DATE : \_\_\_\_\_

DATE :	TIME :	DATE / TIME EXPIRES :
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**JOB DESCRIPTION AND LOCATION (Be Specific and attach a plot plan indicating the exact location)**

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**Section A : PRIOR TO START OF ELEVATED WORK (1.8 METERS AND ABOVE)**

ENSURE THAT THE FOLLOWING CRITERIA ARE MET  
**NOTE : GREEN SCAFFOLD TAG AT ACCESS POINT MUST BE REMOVED PRIOR TO INSPECTION AND REPLACED ONLY UPON COMPLIANCE OF ITEMS BELOW**

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA 100% Fall Protection complied. Toe boards, guard rails are secured. Static line provided where required.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Cables / cords are raised 6ft. above surface and safety flags are provided.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Scaffolds are complete and tagged GREEN Safe for use. Walk board is firm and secured.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Walkway is clear of scattered debris, tools and materials.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Access is clear and free of obstruction. Access ladder is secured and free of defects.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Gas cylinders secured or mounted on a trolley or rack.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Full body harness with 2 lanyards and shock absorber worn where required. 100% PPE compliance.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Open areas/gratings are adequately covered and protected. Warning signs are conspicuously posted.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Sufficient illumination provided in the work area.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Vertical ladder is not allowed. For elevation higher than 12 ft. side step scaffold is required.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Hot work/cold work permit completed where required.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Fire blanket/welding screen for welding, cutting/grinding works provided.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Safety Officer designated to the Area.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Elevated work will not be performed above fuel driven equipment.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Safe Work Plan submitted alongside with elevated work permit.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Safety net to contain falling debris are provided where required.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Proper and adequate housekeeping is maintained.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Steel erection work has safe access and egress and secure anchor points.

**Comments/Remarks :**

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**Section B : AUTHORIZATION TO PROCEED WITH ELEVATED WORK**

This is to certify that the above criteria are satisfactorily met and related work permits and safe work plans are completed  
**PERMISSION IS HEREBY GIVEN TO PROCEED WITH ELEVATED WORK**

Supervisor Signature : _____ Date: _____	Safety Supervisor Signature: _____ Date: _____
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**Section C : AFTER COMPLETION OF ELEVATED WORK**

<input type="checkbox"/> Y <input type="checkbox"/> N No materials and tools are left lying on walk-ways.	<input type="checkbox"/> Y <input type="checkbox"/> N Barricades are installed and appropriate signs posted.
<input type="checkbox"/> Y <input type="checkbox"/> N Debris, trash and spent welding rods/stubs are removed.	<input type="checkbox"/> Y <input type="checkbox"/> N Extension cords are rolled up and secured.
<input type="checkbox"/> Y <input type="checkbox"/> N Gratings are stable and secured.	<input type="checkbox"/> Y <input type="checkbox"/> N All electrical equipment has been unplugged.
<input type="checkbox"/> Y <input type="checkbox"/> N Access ladder secured and free of obstruction.	

**This is to certify that a post-work inspection of the area was completed and found safe and secured.**

Contractor Supervisor Signature : _____ Date: _____	Contractor Safety Supervisor Signature : _____ Date : _____
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**NOTE : 1.0 APPROVED ELEVATED WORK PERMIT MUST BE CONSPICUOUSLY POSTED AT ACCESS POINT.**  
**2.0 SUBMIT WITH SAFE WORK PLAN.**  
**3.0 THIS ELEVATED WORK PERMIT IS VALID ONLY FOR 24 HOURS.**