

Fall Protection Permit

Job Name: _____	Permit Start Date: ____/____/____
Job Location: _____	Permit End Date: ____/____/____
Site Foreman: _____	
Competent Person*: _____	Email to: Safety@unthsc.edu

Work Area Description

Location (Building, Area, Etc.): _____
 Description of Working Surface: _____

Potential Fall Hazards

<input type="checkbox"/> Aerial Lifts	<input type="checkbox"/> Roof Slope Greater than 4 in 12
<input type="checkbox"/> Dangerous Equipment	<input type="checkbox"/> Roof Slope Less than 4 in 12
<input type="checkbox"/> Decks	<input type="checkbox"/> Roof Structure Assessment
<input type="checkbox"/> Excavations	<input type="checkbox"/> Scaffold Erection/Dismantling
<input type="checkbox"/> Floor Openings	<input type="checkbox"/> Skylights
<input type="checkbox"/> Ladders Leading Edges	<input type="checkbox"/> Stairways
<input type="checkbox"/> Open Holes	<input type="checkbox"/> Steel Erection
<input type="checkbox"/> Precast Concrete	<input type="checkbox"/> Other* _____

Method of Protecting Employees Below Working Surface

<input type="checkbox"/> Barricades
<input type="checkbox"/> Hard Hats Required (sign posted)
<input type="checkbox"/> Netting
<input type="checkbox"/> Toe boards (Scaffold/Openings)
<input type="checkbox"/> Warning Signs
<input type="checkbox"/> Other
Describe Overhead Protection: _____

Method of Fall Protection

<input type="checkbox"/> Controlled Access Zone*	<input type="checkbox"/> Horizontal Lifeline*	<input type="checkbox"/> Warning Line*
<input type="checkbox"/> Cover/Hatch	<input type="checkbox"/> Personal Fall Arrest System	<input type="checkbox"/> Other*
<input type="checkbox"/> Fall Restraint	<input type="checkbox"/> Safety Monitor*	Description: _____
<input type="checkbox"/> Guard Rails	<input type="checkbox"/> Vertical Lifeline*	_____

Must be approved by UNT HSC Safety Designee

Describe Controlled Access Zone/Horizontal Lifeline/Safety Monitor/Vertical Lifeline/Warning Line/Other:

Rescue Plan

Number in case of fall: (____) ____ - ____ OR 911

Describe method of rescue: _____

Person responsible for implementing rescue plan: _____

Safety Monitors

Name:	Print	Sign
1	_____	1 _____
2	_____	2 _____
3	_____	3 _____

Signatures

_____	_____	_____
Competent Person (Print)	Sign	Date

*Competent person - one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to workers, and who has authorization to take prompt corrective measures to eliminate them.
 *Controlled access zone (CAZ) - an area in which certain work (for example, overhand bricklaying) may take place without the use of guardrail systems, personal fall arrest systems, or safety net systems; and where access to the zone is controlled.