

Elevated Work Permit

Permit Number:

ID:

Job Number:

Work Order:

Location:

Explanation

Activity Date:

Activity Shift:

Expires:

The following persons verify the elevated work area has been examined, the precautions below have been taken, and the work site is prepared for work.

Performed By:

(Sign)

Supervised By:

(Sign)

Reviewed By:

(Sign)

Precautions Checklist

The precautions listed below shall be checked by the Risk Assessor before beginning the elevated work activity. The Elevated Work Reviewer shall review the checklist items every two hours until the elevated work is complete.

Check Time

[illegible]

The work area described above is in a safe condition based on an inspection using the Precautions Checklist above. The Elevated Work Reviewer will reevaluate the area every two hours until the work shift is complete.

Elevated Work Assessor

(Sign)

WARNING!

ELEVATED WORK IN PROGRESS

IN CASE OF EMERGENCY CONTACT:

IF OUTSIDE ASSISTANCE IS REQUIRED, CALL:

Key Learnings:

Document key learning from this elevated work activity before returning the completed permit to the person accountable for managing elevated work of this type.

Special Hazards:

Unique hazards, specific to this occurrence of elevated work. Special hazards may include temporary conditions or participants unfamiliar with the work zone.

Participants:

The following individuals participated in the elevated work activity, were briefed on the contents of this Permit and safe work practices to be observed while performing the elevated work.

Participant	Organization	Signature of Participant

After completion of work, **return completed permit** to the person identified below.

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