

**Fall Protection  
Permit**

Job Name: _____	Permit Start Date: ____/____/____
Job Number: _____	Permit End Date: ____/____/____
Job Location: _____	Competent Person: _____
Site Foreman: _____	Scan to: _____ Permits Completed/Fall Protection

**Work Area Description**

Location (Building, Area, Etc.): \_\_\_\_\_

Description of Working Surface: \_\_\_\_\_

**Potential Fall Hazards**

<input type="checkbox"/> Aerial Lifts	<input type="checkbox"/> Open Holes	<input type="checkbox"/> Stairways
<input type="checkbox"/> Balconies	<input type="checkbox"/> Open Sided Floors	<input type="checkbox"/> Steel Erection
<input type="checkbox"/> Dangerous Equipment	<input type="checkbox"/> Precast Concrete	<input type="checkbox"/> Wall Openings
<input type="checkbox"/> Decks	<input type="checkbox"/> Roof Slope Greater than 4 in 12	<input type="checkbox"/> Work involves Cutting Holes in Roof
<input type="checkbox"/> Excavations	<input type="checkbox"/> Roof Slope Less than 4 in 12	<input type="checkbox"/> Work Between Unprotected Edge & Warning Line
<input type="checkbox"/> Floor Openings	<input type="checkbox"/> Roof Structure Assessment	<input type="checkbox"/> Other
<input type="checkbox"/> Ladders	<input type="checkbox"/> Scaffold Erection/Dismantling	Description: _____
<input type="checkbox"/> Leading Edges	<input type="checkbox"/> Skylights	_____

**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 Brieser Safety

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

\_\_\_\_\_

\_\_\_\_\_

**Method of Protecting Employees Below Working Surface**

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

Describe Overhead Protection: \_\_\_\_\_

\_\_\_\_\_

**Materials and Tools**

Describe how materials and tools will be handled, stored, secured, etc.:

\_\_\_\_\_

\_\_\_\_\_

**Other Hazards or Concerns**

Please describe any other hazards or concerns associated with the work not explained above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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

**Affected Employees**

Print	Sign	Date