

Boron Operations Working At Heights Permit



Date: _____ Time Issued: _____ Permit Location _____

Reason for Working at Heights: _____

Requestor: Print Name _____

Will a ladder be used **ONLY** for access? Yes No N/A (If **NO**, the ladder CCC must be printed and completed)

Equipment that does not need a working at heights permit:

- Movable Platforms,
- Scissors Lifts,
- Scaffolding,
- Manlifts, or
- Documented exception after level 2 risk assessment.

If stretching or climbing outside the confines of the basket, this working at heights permit must be completed.



Have you inspected the anchor points prior to use?

Yes No N/A



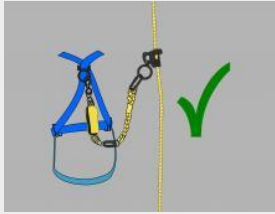
Have you inspected your harness, including trauma straps, prior to use?

Yes No N/A



Have you inspected the connector / lanyard equipment prior to use?

Yes No N/A



Is your selected fall protection adequate for the task?

Yes No N/A



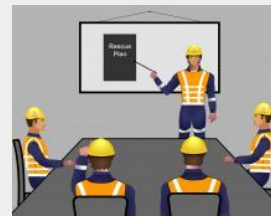
Have you reviewed the rescue plan for the task?

Yes No N/A



Is the rescue plan appropriate for the risks involved with the task?

Yes No N/A



Have all team members reviewed and understood the Rescue Plan?

Yes No N/A

Fall from Height - Open Edge Protection



Is installed edge protection adequate to prevent falls?

Yes No N/A

Note: Includes railings, horizontal life lines, rat lines, etc.



Have you inspected the edge protection devices to ensure they are maintained and in good working order?

Yes No N/A

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Personnel Using Fall Protection

Print Name	Is Training Current (lifts, scaffold, working at heights etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Permit Issued By: (Signer must be current in the 4 hour fall protection awareness course)

Supervisor Name: _____ Supervisor Signature: _____