



Description of Zone/Area and Equipment of Removal:

Date Grating/Handrail/Structural Steel will be removed: _____

Date Grating/Handrail/Structural Steel will be Re-Installed: _____

Maintenance Coordinator/Supervisor Requesting Removal of Floor/Grating or Handrails:

_____ Radio Ch.# _____ Phone #: (____) - ____ - ____.

Type of work/removal to be done (Grating/Platform/Handrail/Structural Steel):

What type of material will be installed as a temporary barricade:

- 1. Are rigid barricades installed completely around the hazard area? Yes No N/A
- 2. Is a Safety Monitor designated and ready to assume position? Yes No N/A
- 3. Have all affected employees involved with this work, within the hazard zone, been trained in the potential fall hazards and are using appropriate PPE to prevent falls? Yes No N/A
- 4. Have all affected employees completed a JSA, Joint Jobsite Visit and have supervisor approval? Yes No N/A
- 5. Has affected work areas above/below proposed hazard zone been appropriately barricaded? Yes No N/A

Unit Operator: _____ Date: _____

Area Supervisor (Operations Supervisor): _____ Date: _____

Maintenance / Project Coordinator: _____ Date: _____

Mech/Structural Engineering (Structural Steel Removal Only): _____ Date: _____

Authorized Employee (Craft conducting the work): _____ Date: _____

Closeout

Have all components been reinstalled? Yes No N/A

Mech/Structural Engineering (Structural Steel Removal Only): _____ Date: _____

Maintenance / Project Coordinator: _____ Date: _____