

Guardrail/Grating/Decking/Floor Removal Form

Blue Magnet # _____
 Initial Safe Work Permit # _____
 Work Order # _____

This form must be completed prior to the removal of any part of a guardrail, grating, decking, flooring, fixed ladder, or any object that creates a hole/opening in a walking/working surface.

DISPLAY A PHOTO COPY OF THIS FORM WITH THE SAFE WORK PERMIT AT THE JOBSITE. THE HARD COPY SHOULD BE KEPT WITH THE OWNING DEPARTMENT. TURN IN THE FORM AT THE COMPLETION OF THE JOB WITH THE PERMIT.

Date:		Starting Time: _____ a.m. _____ p.m.
Company:		Dates: From _____ To _____
Location:		
Nature of Work:		

Guardrails must have barricade tags and/or a sign in place at all times. Covers must have a sign in place at all times. At a minimum, signs used must have the wording listed on Appendix E (Covers) or Appendix F (Guardrails).

	Name	Date	Signature
Initiator			
Project Coordinator / Supervisor <i>(This person is responsible for ensuring this form is closed out at the end of the job)</i>			
Owning Department Supervisor			
Safety Representative			

Safety Review – Complete the following fields to document the required mitigations.

General: JSA Completed YES Area Below Barricaded YES N/A Reported In Ops Core YES N/A

Holes (i.e. gap >2" and <12" in least dimension)	Openings (i.e. gap ≥12" in least dimension and/or a leading edge)
Guardrail with Barricade Tags AND/OR Anchored Cover(s) In Place <input type="checkbox"/> YES <input type="checkbox"/> N/A	Guardrail with Barricade Tags In Place <input type="checkbox"/> YES <input type="checkbox"/> N/A
For Covers: Cover Hazard Signs Posted (Appendix E) <input type="checkbox"/> YES <input type="checkbox"/> N/A	>6ft Fall Hazard: Fall Hazard Signs Posted (Appendix F) <input type="checkbox"/> YES <input type="checkbox"/> N/A
For Covers: Attendant OR Danger Tape During Removal <input type="checkbox"/> YES <input type="checkbox"/> N/A	>6ft Fall Hazard: PFAS Required Inside Guardrail <input type="checkbox"/> YES <input type="checkbox"/> N/A

Additional Mitigations:

Ongoing Work – The Owning Department must inspect the work location and complete the following fields at the beginning of each shift for ongoing work up to 7 work days. If work must extend beyond 7 days, obtain a new copy and attach this copy to the original for retention.

Date:														
Day/Night Shift Inspections:	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Correct Signage Posted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail/Cover in Place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning Dept. Initials:														

Close Out – Complete this section after the job is complete. A post JJSV is required when work is complete.

Area Inspected by Marathon Inspections** **Tier 1 Grating and Platform Survey Checklist must be completed and attached to this form whenever grating has been affected (MPC Inspections shall retain a completed copy of this form for their records)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A (Only when opening a new form for work beyond 7 days)	Post JJSV Performed? <input type="checkbox"/> Yes
Marathon Inspections/Reliability:	Signature:	Date/Time:
Owning Department Supervisor:	Signature:	Date/Time:
Project Coordinator / Supervisor:	Signature:	Date/Time:

Tier 1 Grating and Platform Survey Checklist

Area:		Date:	
Unit:		Comments:	
Auditor's Name(s):			


Checklist Inspection Guidance

The load bearing edges are generally the long ends of the grating where the bearing ends of the bearing bars sit on the support steel or concrete.

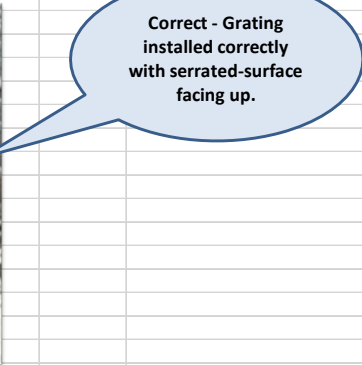
Check for signs of excessive corrosion and physical damage to the grating, supports and grating clips

Grating - General Conditions		Yes	No	Corrective Actions
1	Is the grating missing?			If yes, hard barricade area immediately, notify supervisor and enter a Safety Work Order
2	Is the grating bent, bowed, not level, or flexes (greater than 1/4") when walked on?			If yes, hard barricade area immediately, notify supervisor and enter a Safety Work Order
3	Is the grating supported on load bearing edges with at least 1" of overlap onto the supports?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order
4	Is the grating installed with the serrated-surface facing up?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order
5	For penetrations in the grating is a toe-board installed?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order
6	Is grating and support system corroded to a point where the integrity of the grating is compromised?			If yes, hard barricade area immediately, notify supervisor and enter a Safety Work Order
7	Is the grating size and/or configuration such that the grating will not fall between the supports?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order
Grating - Secured Down with Clips		Yes	No	Corrective Actions
8	Are at least 2 "tie down" clips installed on each support (e.g. 6-8 clips per grating section)?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order
9	Are grating clips tightened and secured in place?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order
Grating - Welded in Place		Yes	No	Corrective Actions
10	Is the grating welded at a minimum of two places per support?			If no, hard barricade area immediately, notify supervisor and enter a Safety Work Order


Examples




Incorrect - Serrated surface is facing down... grating installed upside down



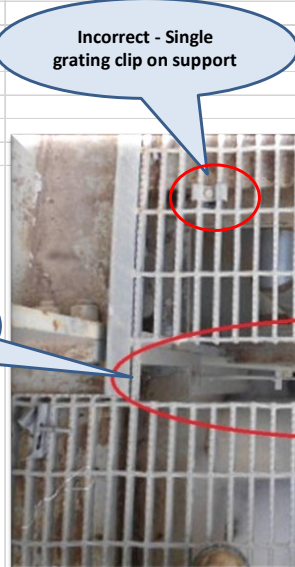
Correct - Grating installed correctly with serrated-surface facing up.



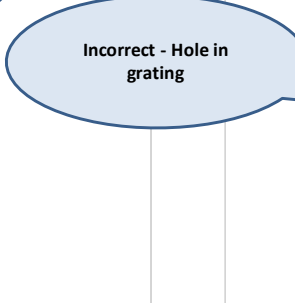
Incorrect - Less than 1" of grating on the support. No clips or welds.



Correct - Grating clips secured to the support on both sides.



Incorrect - Single grating clip on support



Incorrect - Hole in grating

APPENDIX E



HOLE
DO NOT REMOVE
COVER!

APPENDIX F



**100% FALL PROTECTION
REQUIRED BEYOND THIS POINT**

CU-149221

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