

Jobsite Entry Permit

This Form is to be completed daily by anyone wishing to enter the jobsite.

Date: _____

Y N

Is this your first entry permit for this jobsite?

Name: _____

If Yes, complete lower portion of this form.

Affiliation: _____

Address: _____

Phone#: _____

Y N

If No, did you receive a permit for the last working day prior to today?

If No, complete lower portion of this form.

Supervisor's Name: _____

Office Phone #: _____

Cell Phone #: _____

Y N

If Yes, has any of the information you entered in the lower portion of this form changed?

Safety Director's Name: _____

Cell Phone #: _____

If No, submit this for to FCC superintendent for signature.

If Yes, complete lower portion of this form.

FCC Superintendent Signature: _____

If you are uncertain of any answers required below, get the assistance of your supervisor or other official of your company. Do not guess. Your answers have legal consequences.

Y N Has your company performed a Job Hazard Analysis for the work you will be performing today?

If No, why not? _____

Y N If Yes, is a copy on file with the FCC project office?

Your company must fax a copy to FCC project office prior to this permit being approved.

Y N Will your work today involve the use of scaffolding?

Y N If Yes, is evidence of your Scaffold Awareness training on file with the FCC project office and has your company identified an individual on-site who is certified as a Competent Person for Scaffolding and provided evidence of same to the FCC project office?

Evidence of training must be on file prior to this permit being approved.

Y N Will your work today involve excavations over 4 feet deep?

Y N If Yes, is an approved shoring plan on file with the FCC project office and along with copies of any required Cal OSHA permits?

Plans and permits must be on-file prior to this permit being approved.

Y N Will your work today expose you to a fall greater than 6 feet?

If Yes, has your company provided you with the appropriate fall protection equipment and training?

Y N Have you been injured on a jobsite in the last year?

Y N If Yes, did you receive medical attention and have you been released for full duty?

Provide evidence of release for duty.

Y N Will your work today involve the operation of construction equipment?

Y N If Yes, is evidence of your Operator Certification on file with the FCC project office

Y N Do you understand that working safely is a condition of your entry to this jobsite and violation of FCC safety rules will result in your being expelled from the jobsite?

Y N Have you sustained an unreported work related injury?

Y N If Yes, was the injury sustained on a FCC jobsite?

Y N If Yes, give project name & date

For FCC Use

Is a certificate of insurance for workmens's comp and general liability insurance on file? _____

Is a signed contract on file? _____