

SAMPLE ONLY-----Job Site Evaluation and Work Plan

JOB SITE: _____	DATE: _____
ADDRESS: _____	CONTACT PERSON AT SITE: _____
CITY: _____ STATE: _____	PHONE NUMBER: _____
HEIGHT OF BUILDING(S) IN FLOORS: _____	

- **TYPE OF WINDOW CLEANING TO BE PERFORMED:** POST CONSTRUCTION: SCHEDULED NORMAL CLEANING:
- **TYPE OF SERVICE TO BE PROVIDED** BOTH SIDES-ALL WINDOWS OUTSIDE ONLY INSIDE ONLY
- **OTHER SERVICES PROVIDED:**

• **ON AVERAGE, HOW MANY WORKERS WILL BE AT THE JOBSITE EACH DAY ?** _____

• **NAME OF LEAD PERSON AT THE JOBSITE:** _____ **PAGER/BEEPER#:** _____

• **EQUIPMENT TO BE USED FOR WINDOW CLEANING**

	TYPE	YES		YES
1.	CHEMICALS	<input type="checkbox"/>	SAFETY DATA SHEETS AVAILABLE?	<input type="checkbox"/>
2.	LADDERS	<input type="checkbox"/>	SECTIONAL? <input type="checkbox"/> EXTENSION?	<input type="checkbox"/>
3.	MOBILE LIFT	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
4.	TOWER SCAFFOLD	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
5.	WINDOW BELT	<input type="checkbox"/>		
6.	PRESSURE CLEANER	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
7.	TUCKER (HIGH REACH) WASHER	<input type="checkbox"/>		
8.	RAZOR SCRAPERS	<input type="checkbox"/>		
9.	EXTENSION POLES	<input type="checkbox"/>		
9.	DESCENT EQUIPMENT	<input type="checkbox"/>	ROOF RIG? <input type="checkbox"/> ANCHORS ON ROOF?	<input type="checkbox"/>
10.	SUSPENDED SCAFFOLDING	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
11.	PERMANENT INSTALLATION	<input type="checkbox"/>	BUILDING PROVIDED CERTIFICATE OF INSPECTION?	<input type="checkbox"/>
12.	BARRICADES/DANGER SIGNS	<input type="checkbox"/>		
13.	OTHER	<input type="checkbox"/>	DESCRIBE BELOW...	

• **DESCRIBE WHERE ON THE BUILDING EACH PIECE OF EQUIPMENT WILL BE USED:**

EQUIPMENT	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BARRICADES-DANGER SIGNS

• **LIST BY TRADE NAME THE CHEMICALS THAT WILL BE USED:** _____

_____ **LOCATION OF SDS:** _____

TYPE OF PERSONAL PROTECTIVE EQUIPMENT TO BE USED: _____

- **DESCRIBE SAFETY HAZARDS THAT MAY BE ENCOUNTERED AT SITE FOR EACH PIECE OF EQUIPMENT BEING USED (NOT HIGH RISE) AND LIST WHAT EQUIPMENT OR METHOD WILL BE USED TO OVERCOME THE HAZARD:**

EQUIPMENT	HAZARD-LOCATION	SOLUTION
example: Ladders (sectional)	Uneveled area on south side of building (left of main entrance)	Base sections w/leg levelers attached
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HIGH RISE SECTION

HEIGHT OF PARAPET WALL: _____ IF APPLICABLE, DESCRIBE WHAT FALL PROTECTION EQUIPMENT WILL BE USED:

1 PERMANENT INSTALLATIONS

DATE OF LAST INSPECTION PROVIDED BY BUILDING MANAGEMENT: _____ (ATTACH COPY)
ATTACH COPIES OF My Window Cleaning Company PERMANENT INSTALLATION DAILY INSPECTION SHEETS

2 ROPE ACCESS by DESCENT AND SUSPENDED SCAFFOLDING (TRANSPORTABLE)

A.) IF TRANSPORTABLE RIGGING EQUIPMENT IS BEING USED, IDENTIFY ANCHORAGES OR SYSTEM TO BE USED FOR RIGGING, TIE BACKS, LIFELINES AND THEIR LOCATION:

PERMANENTLY INSTALLED ANCHORS for RIGGING EQUIPMENT IN THE WORK AREA? YES NO
 INSPECTED ON _____ (attach copy) **IF NO, THE FOLLOWING MUST BE FILLED OUT:**

ANCHOR	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____

3 HAS BLDG. OWNER/MGR. VERIFIED SUPPORT CAPABILITY OF ABOVE LISTED ANCHORS? YES NO
NOTE: IF YES, ATTACH COPY

B.) IF TRANSPORTABLE RIGGING IS NOT BEING USED, IDENTIFY ANCHORAGES OR SYSTEM ON ROOF THAT WILL BE USED FOR SUSPENSION AND LIFELINES:

PERMANENTLY INSTALLED ANCHORS COVERING THE PERIMETER OF WORK AREA? YES NO INSPECTED ON _____ (attach copy) **IF NO, THE FOLLOWING MUST BE FILLED OUT:**

ANCHOR	LOCATION
_____	_____
_____	_____
_____	_____

4 HAS BLDG. OWNER/MGR. VERIFIED SUPPORT CAPABILITY OF ABOVE LISTED ANCHORS? YES NO
NOTE: IF YES, ATTACH COPY

5 IN THE FOLLOWING SPACE, DRAW A DIAGRAM THAT WILL MARK THE LOCATION OF THE ANCHOR POINTS TO BE USED AS DESCRIBED IN SECTIONS 3 AND 4.

6 ROOF SKETCH WITH IDENTIFIED ANCHOR POINTS, ELECTRICAL SUPPLIES, RESTRICTED OR DANGEROUS AREAS AND GROUND BARRICADE LOCATIONS:

7 DESCRIBE SAFETY HAZARDS THAT MAY BE ENCOUNTERED AND LIST WHAT EQUIPMENT OR METHOD WILL BE USED TO OVERCOME THE HAZARD:

EQUIPMENT	HAZARD-LOCATION	SOLUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• DESCRIBE ANY OR ALL RESCUE METHODS TO BE DEPLOYED IN THE EVENT OF AN EMERGENCY:

• DESCRIBE AN ALTERNATE PLAN FOR **My Window Cleaning Company** IF INCLEMENT WEATHER AFFECTS SAFE WORKING PROCEDURES:

• DESCRIBE ANY SPECIAL PROCEDURES REQUIRED BY THE BUILDING OWNER/MANAGER FOR **My Window Cleaning Company** TO FOLLOW DURING THE OPERATION:

SIGNATURE OF PERSON FILLING OUT THIS FORM

DATE