

SAMPLE WRITTEN WORK PLAN

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"/>	MATERIAL 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 MSDS:** _____

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
example: Ladders (sectional)

HAZARD-LOCATION
Unleveled area on south side of building (left of main entrance)

SOLUTION
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 YOUR COMPANY'S PERMANENT INSTALLATION DAILY INSPECTION SHEETS

2 ROPE 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 COVERING THE PERIMETER OF 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.

④ 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 YOUR COMPANY IF INCLEMENT WEATHER AFFECTS SAFE WORKING PROCEDURES:

• DESCRIBE ANY SPECIAL PROCEDURES REQUIRED BY THE BUILDING OWNER/MANAGER FOR YOUR WINDOW CLEANING COMPANY TO FOLLOW DURING THE OPERATION:

SIGNATURE OF PERSON FILLING OUT THIS FORM

SIGNATURE OF BLDG. OWNER/MANAGER/REPRESENTATIVE