

Working Near High Wall Policy

SPECIAL TASK PERMIT Working Near High Wall REQUIRING A PERMIT AND TWO INSPECTORS

Project: _____

Location: _____

What shift is permit being conducted? (Circle one) Day Night

Is artificial lighting required?

YES (If YES, Contact Area Supervisor)

NO

Are any visible hazards on the high wall that need mitigated?

YES (If YES, Contact Area Supervisor)

NO

Is blasting to occur anywhere near the project?

YES (If YES, Contact Blasting Crew)

NO

Are access roads in good condition?

YES

NO (If NO Contact Area Supervisor)

Are MSHA Berms in good condition?

YES

NO (If NO Contact Area Supervisor)

Are warning signs required?

YES

NO

Are Barricades required?

YES

NO

Is a spotter required?

YES

NO

Are the weather conditions, slope, and high wall adequate to perform the project (i.e. overhanging material on high wall or unstable ground conditions due to recent rains, etc)?

YES

NO (If NO Contact the Area Supervisor or Resource Management for a detailed slope assessment)

Is work area safe?

YES

NO

Area Supervisor (or Designee) Signature: _____

Date: _____

Employee Signature: _____

Date: _____

Permit is only good for ONE (1) shift and must be turned in at end of shift

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