



ATTACHMENT C
PERMIT FOR CLIMBING OR WALKING ON CABLE TRAYS

CABLE INSTALLER TO FILL OUT SPACES BELOW

Requested by _____ Ext. _____ Date _____

Permit start date: _____ Permit end date: _____

Brief description of work _____

Referenced Installation Procedure No (Attach a copy to this form): _____

State reasons why it is necessary to climb or walk on cable trays: _____

Are personnel protection requirements covered in the procedure? _____ yes no

Are high-power cable deenergizing procedures provided or referenced? _____ yes no

Are procedures to protect the cables provided or referenced? _____ yes no

ENGINEERING/OPERATIONS TO FILL OUT SPACES BELOW

What structural analysis or review has been done? _____

Signature of person certifying that structure is safe for intended activity: _____

APPROVED - _____
 SUPERVISOR Date

NOT APPROVED -

ES&H DIVISION TO FILL OUT SPACES BELOW

THE FOLLOWING RECOMMENDATIONS APPLY TO THE INSTALLATION PROCEDURE SPECIFIED ABOVE

HAZARDS

- Flammable
- High toxicity
- Special hazard
- Specify _____

PERSONNEL PROTECTIVE EQUIPMENT

- hard hat
- bump cap
- other _____

rubber gloves

- Class _____
- Date gloves last tested: _____
- Other _____

SPECIAL REQUIREMENTS

- Air Monitoring
- CPR Training
- Safety Watch
- Other

Comments: _____

APPROVED - _____

NOT APPROVED - _____
 ELECTRICAL SAFETY OFFICER

Date: