

# Jobsite Entry Permit

**This Form is to be completed daily by anyone wishing to enter the jobsite.**  
**The purpose of this form is to ensure safety training and labor compliance**



## **Project:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Y ☐ N ☐

1) Is this your first entry permit for this jobsite?

If Yes, complete lower portion of this form.

Affiliation/Company: \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Y ☐ N ☐

2) If No to question 1., did you receive a Jobsite Entry 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 ☐

3) If Yes to question 1., has any of the information you entered in the lower portion of this form changed?

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

If Yes, complete lower portion of this form.

Safety Director's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Y ☐ N ☐

Have you been exposed a person positive for COVID-19 in the last 14 days?

Y ☐ N ☐

Have you experienced COVID-19 symptoms during the last 14 days?

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

**Circle Yes or No. 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?

Y N

Has your company reviewed with you the Job Hazard Analysis for the work you will be performing today?

Y N

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

Your company must email a copy to FCC superintendent 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? \_\_\_\_\_