This Swing Stage Coordination Permit is required for any operation involving work on a swing stage and must be completed by the contractor/ employee and submitted to Site Management for approval prior to conducting the work. This permit must be posted in the work area and copied to all parties affected by or involved in the coordination of work. Note: Swing Stage operations cannot be conducted unless the required precautions checklist can be met.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SWING STAGE OPERATIONS TO BE COMPLETED BY:** | | | | | |  | **REQUIRED PRECAUTIONS CHECKLIST** | | | | | | |
|  | Y | N | | | N/A | |  |
| Contractor  (specify name of company) | | | Tucker HiRise Employee | | |  |  | | |  | | Procedure for work being performed from swing stage |
|  |  | | |  | | Supporting documentation (e.g. specs, manual, etc.) from manufacturer of swing stage. |
| **DATE:** | | | | | |  |  | | |  | | Documented pre-work inspection for swing stage set up |
| **AREA OF WORK (ELEVATION & FLOOR(S)):** | | | | | |  |  | | |  | | Barriers for isolating the area below swing stage from other workers and signage indicating danger and overhead work. |
| **DESCRIPTION OF WORK:**  Installation  Demolition  Maintenance  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Caulking  Window Washing | | |  |  | | |  | | Proper Fall Protection equipment and training for all workers working on stage |
|  |  | | |  | | Documented pre-work inspection for all fall protection equipment and anchor points |
| **DURATION OF WORK:** | | | | | |  |  | | |  | | Proper personal protective equipment |
| **WORK HAZARDS/ PRECAUTIONS:** | | | | | |  |  | | |  | | Swing Stage awareness training records for workers involved on the swing stage. Swing Stage Assembly training records for workers setting up swing stage. |
| **PERSON CONDUCTING THE WORK**(name)**:** | | | | | |  |  | |  |  | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I Verify that the above work area has been examined, the precautions checked on the Required Precautions Checklist have been taken, and permission is authorized for the above person to conduct the required work. | | | | | |  | | | | | | |
| Name of Person Supervising the Work: | | | | | |
| Signature of Person Supervising the Work: | | | | | |
| **PERMIT**  **ISSUED** | DATE | | | TIME | AM  PM |
| **PERMIT**  **EXPIRES** | DATE | | | TIME | AM  PM |
| **Site Management Approval:** | | | | | |
| **Name:** | | **Initials**: | | | |