

Houston Community College Plan of Service

Jobsite _____ Date _____

Contact Person at Site _____

Address _____

City _____ State _____

Type of Window Cleaning to be Performed

- Call Out-As Needed Cleaning Services 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: _____ Cell #: _____

Equipment to be used for Window Cleaning

- | | |
|---|--|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Material Safety Data Sheet Available |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Sectional <input type="checkbox"/> Extension |
| <input type="checkbox"/> Mobile Lift | <input type="checkbox"/> Rental Unit |
| <input type="checkbox"/> Tower Scaffold | <input type="checkbox"/> Rental Unit |
| <input type="checkbox"/> Pressure Cleaner | <input type="checkbox"/> Rental Unit |
| <input type="checkbox"/> Tucker (High Reach) Washer | |
| <input type="checkbox"/> Razor Scrapers | |
| <input type="checkbox"/> Extension Poles | |
| <input type="checkbox"/> Descent Equipment | <input type="checkbox"/> Roof Rig <input type="checkbox"/> Anchors on Roof |
| <input type="checkbox"/> Suspended Scaffolding | <input type="checkbox"/> Rental Unit |
| <input type="checkbox"/> Permanent Installation | <input type="checkbox"/> Building Provided Certificate of Occupation |
| <input type="checkbox"/> Barricades/Danger Signs | |
| <input type="checkbox"/> Other | |

Describe: _____

Describe Where on the Building Each Piece of Equipment will be Used:

Equipment:	Location:
_____	_____
_____	_____
_____	_____
_____	_____

List 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	Hazard	Location	Solution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High Rise Section:

Height of Parapet Wall: _____
If Applicable, describe what fall protection equipment will be used: _____

1. Date of Last Inspection Provided by Building Management: _____
2. 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

If Yes, Attach Copy:

4. If Transportable Rigging is not being Used, Identify Anchorages or System on Roof that will be used for Suspensions 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
_____	_____
_____	_____
_____	_____
_____	_____

5. Has Bldg. Owner/Mgr. verified support capability of above listed anchors? Yes No

If Yes, Attach Copy:

6. In the following space, draw a diagram that will mark the location of the anchor points to be used as described in sections three and four.

7. Roof sketch with identified anchor points, electrical supplies, restricted or dangerous areas and ground barricade locations: (attached)

8. 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 if inclement weather affects safe working procedures:

Describe any special procedures required by the building owner/manager to follow during the operation:

Signature of Person Filling out the Form

Signature of Bldg. Owner/Manager/Representative
