**PLEASE PRINT**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Requestor:** | **Badge:** |
| **Ship:** | **Location:** |
| **Company:** |

**Type of Fall Protection to be removed:**

**[ ]** Chain

[ ]  Guardrail

[ ]  Deck plate/Grading

[ ]  Soft Patch

[ ]  Hull Cut

[ ]  Deck plate cut

[ ]  Other

**Type of Guarding to be installed:**

**[ ]** Guard Rails

[ ]  Hole Covers

[ ]  Swing Gate

[ ]  Secured Access [Temporary]

[ ]  Ring Guard

[ ]  Personal Fall Arrest Equipment

[ ]  Other

**Requestor**

|  |  |  |
| --- | --- | --- |
| **Print:** | **Sign:** | **Badge:** |

**Ship’s Management**

|  |  |  |
| --- | --- | --- |
| **Print:** | **Sign:** | **Badge:** |

**It is the responsibility of the user to verify that this is the currently authorized version of the form before use.**

Ref: Safety Procedure Manual Procedure No. 40, Fall Protection

Ref: Quality Procedure Manual Procedure No. 07, Corrective and Preventive action