

TRANSFER OF FALL PROTECTION CUST	ΓODY - In acc	cordance w	ith OSHA 29 (CFR 1926.760 (e)
PROJECT:			_	
AREA/LEVEL:			-	
Fall Protection System to be Transferred	Satisfactory Status			Comments
METAL DECK				
Complete Installation	Υ	Ν	N/A	
SAFETY CABLE				
Complete Perimeter Installation	Y	N	N/A	
Complete Interior Opening Installation	Υ	N	N/A	
Complete 6 foot Flag Intervals	Υ	Ν	N/A	
Correct Minimum Cable Sag in System	Υ	Ν	N/A	
Cable Clamps Correctly Installed	Y	N	N/A	
Cable Clamps Correctly Tightened	Y	Ν	N/A	
COVERS				
Placed in ALL Required Locations	Υ	N	N/A	
Correctly Secured	Υ	N	N/A	
Visibly Marked with "HOLE" or "COVER"	Υ	N	N/A	
GRATING				
Complete Installation	Y	N	N/A	
SAFETY FENCE				
Complete Installation	Υ	N	N/A	
OTHER				
	Υ	N	N/A	
	Y	N	N/A	
	Y	N	N/A	
IT HAS BEEN DETERMINED THAT THE A	BOVE NOTE	D AREA IS	READY FOR	INSPECTION
SESAC Signature		Date		
SESAC is hereby directed by the Controlling protection systems in place. This area has systems is accepted by Controlling Contract	been inspecto	ed by, and	all responsibili	ity for fall protection
Controlling Contractor - Company Name	Controlling Contractor			Date

Representative Signature