



*International Window Cleaning Association*

# SAFETY & TRAINING

## INFORMATION PACKAGE

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***Planning Ahead with a  
Written Work Plan***

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**Being SAFE is not about  
how much you know.....**



**It's about How You THINK & ACT..**

**You'll never ACT SAFELY until  
you've started THINKING  
SAFELY first !!!**





**In the USA, nearly 41,000 people are killed each year while they're riding in an automobile**



**There's one sure way to reduce the risk of death or injury**

**Over 3,189,000 people are injured each year as a driver or passenger in an automobile.**



**As a Professional Window Cleaner, you're at greater risk of death or injury GOING from job to job..than you are being ON the job**



**PUTTING YOUR SEAT BELT ON...**



- Significantly reduces your chances of getting injured or killed while riding in a truck or car
- Shows that you've planned ahead in order to prevent getting hurt

**Shows that you are THINKING SAFELY**

# Planning Ahead is the Most Important Task a Professional Window Cleaner Performs Each Day



You can easily plan for the safety of your window cleaning operation well before getting to, or starting the job, building or house.

**PLANNING  
PREVENTS  
ACCIDENTS**



## Written Work Plan

One of the most important safety issues to be addressed during a window cleaning operation is the use of tools and equipment on or around areas where people may congregate. The safety and well being of the window cleaner is important and equally so, is the safety and well being of those who may come near the window cleaning operation. In addition, the use of access equipment must also consider the protection of private and public property.

Current industry safety standards recommend that a work plan be provided by the window cleaning contractor when windows to be cleaned are located in areas where workers may utilize suspended equipment or where workers are exposed to falls and other known hazards or when the public may be exposed to overhead equipment operations.

Such a plan needs to include the identification of hazardous areas, drop zones, safety features and areas requiring public protection.

This plan needs to be provided to the building owner or manager.

A written work plan as described applies to the use of ladders, tower scaffolds, man-lifts or bucket trucks and suspended equipment, which is covered in the high rise section of this program.

The work plan only needs to be provided when window cleaning is taking place on a dwelling house (e.g. Apartments, condominiums) that are over 3 full stories high or occupied by more than three families. This requirement typically applies only to window cleaning performed at a commercial level and not at the route/residential level.

For example, a plan should be provided at a building where ladders are being used and the surface may not be level or there are overhead obstructions like trees and power lines. The plan should note where ladders are used around entranceways to the building or courtyards and any other area where the public may be exposed to the operation. Of course, this applies to the use of tower scaffolds, man-lifts and bucket trucks as well.

A sample of a written work plan is included in the following pages. As you can see, the sample work plan includes sections that will identify what equipment is being used as well as the recognition of hazardous areas of the jobsite and what procedures will be used to overcome or address these hazards. It also includes an area that is to be used to identify and outline any rescue techniques that may be needed in an emergency.

**SAMPLE WRITTEN WORK PLAN**

**Job Site Evaluation and Work Plan**

JOB SITE: _____	DATE: _____
ADDRESS: _____	CONTACT PERSON AT SITE: _____
CITY: _____ STATE: _____	PHONE NUMBER: _____
HEIGHT OF BUILDING(S) IN FLOORS: _____	

- **TYPE OF WINDOW CLEANING TO BE PERFORMED:** POST CONSTRUCTION:  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:** \_\_\_\_\_ **PAGER/BEEPER#:** \_\_\_\_\_

• **EQUIPMENT TO BE USED FOR WINDOW CLEANING**

	TYPE	YES		YES
1.	CHEMICALS	<input type="checkbox"/>	MATERIAL SAFETY DATA SHEETS AVAILABLE?	<input type="checkbox"/>
2.	LADDERS	<input type="checkbox"/>	SECTIONAL? <input type="checkbox"/> EXTENSION?	<input type="checkbox"/>
3.	MOBILE LIFT	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
4.	TOWER SCAFFOLD	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
5.	WINDOW BELT	<input type="checkbox"/>		
6.	PRESSURE CLEANER	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
7.	TUCKER (HIGH REACH) WASHER	<input type="checkbox"/>		
8.	RAZOR SCRAPERS	<input type="checkbox"/>		
9.	EXTENSION POLES	<input type="checkbox"/>		
9.	DESCENT EQUIPMENT	<input type="checkbox"/>	ROOF RIG? <input type="checkbox"/> ANCHORS ON ROOF?	<input type="checkbox"/>
10.	SUSPENDED SCAFFOLDING	<input type="checkbox"/>	RENTAL UNIT?	<input type="checkbox"/>
11.	PERMANENT INSTALLATION	<input type="checkbox"/>	BUILDING PROVIDED CERTIFICATE OF INSPECTION?	<input type="checkbox"/>
12.	BARRICADES/DANGER SIGNS	<input type="checkbox"/>		
13.	OTHER	<input type="checkbox"/>	DESCRIBE BELOW...	

• **DESCRIBE WHERE ON THE BUILDING EACH PIECE OF EQUIPMENT WILL BE USED:**

EQUIPMENT	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**BARRICADES-DANGER SIGNS**

• **LIST BY TRADE NAME 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  
example: Ladders (sectional)

HAZARD-LOCATION  
Unleveled area on south side of building (left of main entrance)

SOLUTION  
Base sections w/leg levelers attached

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**HIGH RISE SECTION**

HEIGHT OF PARAPET WALL: \_\_\_\_\_

IF APPLICABLE, DESCRIBE WHAT FALL PROTECTION EQUIPMENT WILL BE USED:

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**1 PERMANENT INSTALLATIONS**

DATE OF LAST INSPECTION PROVIDED BY BUILDING MANAGEMENT: \_\_\_\_\_ (ATTACH COPY)

**ATTACH COPIES OF YOUR COMPANY'S PERMANENT INSTALLATION DAILY INSPECTION SHEETS**

**2 ROPE DESCENT AND SUSPENDED SCAFFOLDING (TRANSPORTABLE)**

A.) 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

**NOTE: IF YES, ATTACH COPY**

B.) IF TRANSPORTABLE RIGGING IS NOT BEING USED, IDENTIFY ANCHORAGES OR SYSTEM ON ROOF THAT WILL BE USED FOR SUSPENSION 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
_____	_____
_____	_____
_____	_____
_____	_____

**4 HAS BLDG.OWNER/MGR. VERIFIED SUPPORT CAPABILITY OF ABOVE LISTED ANCHORS?** YES  NO

**NOTE: IF YES, ATTACH COPY**

**5 IN THE FOLLOWING SPACE, DRAW A DIAGRAM THAT WILL MARK THE LOCATION OF THE ANCHOR POINTS TO BE USED AS DESCRIBED IN SECTIONS 3 AND 4.**

④ ROOF SKETCH WITH IDENTIFIED ANCHOR POINTS, ELECTRICAL SUPPLIES, RESTRICTED OR DANGEROUS AREAS AND GROUND BARRICADE LOCATIONS:



**7 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 FOR YOUR COMPANY IF INCLEMENT WEATHER AFFECTS SAFE WORKING PROCEDURES:**

\_\_\_\_\_

\_\_\_\_\_

**• DESCRIBE ANY SPECIAL PROCEDURES REQUIRED BY THE BUILDING OWNER/MANAGER FOR YOUR WINDOW CLEANING COMPANY TO FOLLOW DURING THE OPERATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON FILLING OUT THIS FORM

\_\_\_\_\_  
SIGNATURE OF BLDG. OWNER/MANAGER/REPRESENTATIVE