

# **Turner Construction**

## **Ladders Last Operational Policy**

### **Index**

- I. Policy Statement**
- II. Procedures**
- III. Roles and Responsibilities**
- IV. Ladder Checklist & Permit**

---

## I. Policy Statement

1. Ladder use on Turner Construction projects will be allowed only when it has been determined that it is unfeasible to use all other options to complete the task.
2. If it is determined that a ladder is the only means of performing the job at elevated height, a ladder permit must be submitted prior to starting work.
3. Prior to using a ladder, the Turner Superintendent will review and approve the Job Hazard Analysis, Pre Task Plan, and Ladder Use Permit.
4. The Turner Ladder Use Permit and Inspection safety checklist shall be affixed to all ladders on Turner Construction Projects.
5. Use of job built ladders is prohibited on Turner Construction Projects. Temporary stair towers or prefabricated stairs should be used to access different building levels.
6. At no time will a ladder be on site without a current permit and safety checklist.
7. The Estimating Department shall include the associated costs with the policy with all project proposals, budgets and GMPs.

## II. Procedures for identifying and responding to all tasks that require the use of a device that allows them to work from a height:

1. Prior to beginning work, the subcontractor or superintendent (for self perform work) shall evaluate all tasks that require individuals to work at elevated heights. It is the expectation that these tasks will be performed using methods other than using a ladder. Use of lifts and portable scaffold devices shall be the preferred method to perform this type of work.
2. If it is determined that a ladder must be used,
  1. The subcontractor shall complete the Turner Construction Ladder Use Permit and have it reviewed and approved by the Turner Superintendent.
  2. **Workers must maintain three points of contact at all times when working from a ladder.**
  3. When working at a height greater than six (6) feet, 100% fall protection devices must be worn.
  4. Prior to starting work each shift, The **Turner Construction Ladder Safety Inspection Checklist** shall be completed affixed to all ladders.
  5. Platform ladders shall be the ladder of choice on Turner Construction projects.

## III. Roles and Responsibilities:

### **Operations Manager & Business Unit Safety Director:**

- Ensures adherence to Corporate Policy and drives implementation across the organization.

### **Project Executive/Manager:**

- Ensure that Project Staff understand and comply with Corporate Policy relating to ladder use.
- Act as a liaison between project team and subcontractors.

- 
- Confirm that the subcontractors has included in their bid any perceived costs associated with this policy.

**BU Purchasing Manager:**

- Ensure all subcontractors hired by Turner to engage in this type of work understand the policy and are prepared to execute work in compliance.
- Ensure this policy is specifically addressed and the costs are understood during the scope meetings with each subcontractor.

**Project Safety Manager & Superintendent:**

- Provide technical expertise to the project team regarding alternatives to ladder use.
- Assist in the negotiations between the project team and the subcontractor.
- Drive the use of the Ladder Safety Checklist and Permit.
- Assist in developing Job Hazard Analysis and pre-task plans to ensure risks are captured.



LADDER SAFETY  
INSPECTION CHECKLIST

Inspector:	Date:
Site Location:	Time:

Instructions:

- 1) Complete Permit on flipside first
- 2) Affix completed inspection tag on all ladders passing inspection
- 3) Tag defective ladders "Out of Service" and discard if beyond repair
- 4) Note deficiencies/corrective actions in Comment section
- 5) Return checklist to Turner Superintendent

**Y**      **N**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. <b>Broken, bent or missing steps, rungs, cleats, or rails?</b>                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Steps and rungs free of water, grease, oil or other slippery substance ?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Free of splits, cracks, rust corrosion and dry rot?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Free of sharp edges, cuts, burrs, etc.?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Loose or bent hinges that can't be fully opened or locked in place?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Stable and completely balanced (not shaking or swaying) with all legs resting firmly on the floor?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Loose, broken or missing extension locks to ensure safe overlap of <b>extension ladder</b> sections? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Damaged or worn non-slip bases, safety feet, wheels or casters?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. <b>Cross-over ladders</b> have railings and non-slip steps?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. <b>Weight capacity</b> label attached? Type 1   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Other structural defects or operating problems?   |

Comments:

---

**LADDER PERMIT**

Project: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Company: \_\_\_\_\_

Area(s) Ladder to be used: \_\_\_\_\_

Ladder Competent Person: \_\_\_\_\_

Competent Person Contact #: \_\_\_\_\_

Consider how work may be accomplished at or from the ground-level to minimize elevated work. Ladders are to only be used where no safer means exists to access elevated areas. Consider the use of scaffolds, aerial and scissor lifts, rolling stairs, etc as safer alternatives. **Note: If three points of contact cannot be maintained, 100% fall protection must be employed.**

Reason ladder is only option (Note: This must be agreed to and approved by the Turner Superintendent and Safety Manager):

---

---

---

Activity/Task(s) to be performed from ladder:

---

---

Type of ladder (check one):  Platform-ladder  Stepladder  Extension  Fixed  Trestle  Other

Ladder weight capacity (300 lbs min): \_\_\_\_\_

Ladder Height: \_\_\_\_\_

Will you be 6' or more above a working surface? **Y/N**

If YES, what specific Fall-Arrest System will you use and what will be your anchor point (Retractable Device is the only appropriate method of fall protection) ?

---

---

Worker's Name \_\_\_\_\_ Orientation Sticker # \_\_\_\_\_

---

---

\_\_\_\_\_  
**Permit Reviewer (Turner) Print**

\_\_\_\_\_  
**Date**