

Campus Unit: \_\_\_\_\_

It is the policy of the above-mentioned unit to comply with the University of Illinois Elevated Work Program. The purpose of this document is to complement the University Program with Unit-Specific SOPs.

**PROGRAM ADMINISTRATION**

OSH and other qualified personnel will assist Campus Units in fulfilling their obligations outlined in the Elevated Work Program upon request.

The following individual has responsibility for the administration of elevated work in the above-mentioned unit. It is the responsibility of this person to identify potential elevated work hazards and personnel who may work at height, ensure affected personnel receive proper training, maintain program documentation, and annually review Unit-Specific SOPs.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

The individuals listed below have completed proper training suitable for an **Elevated Work Competent Person**.

Last Name	First Name	UIN	Signature

The individuals listed below have completed proper training suitable for working at height.

Last Name	First Name	UIN	Signature

Copies of the training records are in the following location: \_\_\_\_\_.

**Recordkeeping**

The Unit Responsible Person shall retain records in accordance with the following:

1. Training records to be retained for the length of employment.
2. Equipment inspection records must be retained for at least one year, or until they are updated.
3. Fall Hazard Evaluation forms shall be retained until the space is re-evaluated.