

## Work Authorization Clearance Form

Your Name \_\_\_\_\_

Your Employer \_\_\_\_\_

Collocator / Entity Representing \_\_\_\_\_

CBT Project Engineer or Manager \_\_\_\_\_

### Cincinnati Bell Telephone Work Authorization Clearance Program

Initial if completed

- 1. Work Authorization Clearance Program Overview \_\_\_\_\_
- 2. Contractor Safety Practices for CBT Buildings \_\_\_\_\_
- 3. Network Element Building Work Guidelines \_\_\_\_\_
- 4. Rule Infraction Policy \_\_\_\_\_
- 5. Substance Abuse Policy for Contractors \_\_\_\_\_
- 6. Review Protect the Switch Video \_\_\_\_\_
- 7. Reviewed Cutting/Welding/Hot Work Permit  
(Cutting/Welding/Hot Work require a permit and MOP) \_\_\_\_\_

The project Engineer or Manager must provide the following information:

- 8. MOP \_\_\_\_\_
- 9. CBT/Contract Emergency Telephone List \_\_\_\_\_
- 10. Job Site Authorization Form \_\_\_\_\_
- 11. Job Walk Through \_\_\_\_\_ Date completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever worked for Cincinnati Bell Telephone Company or any other telephone company before? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, have you ever been terminated or discharged with cause? \_\_\_\_\_ Yes \_\_\_\_\_ No.

I, \_\_\_\_\_ (Sign Here), have reviewed a copy of Cincinnati Bell Telephone Work Authorization Clearance Program and have read and understand the safe work requirements identified for contractors and subcontractors while working in Cincinnati Bell Telephone buildings.

CBT Sponsor \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date