

# Health & Safety – Permit

## Working at Heights Permit



Work Location		<b>Permit Number</b>
Department / Contracting Company:		

<b>Scope of work / Description</b>

Permit Validity			
Start Time and Date:		End Time and Date:	

Does this Working at Height Permit combine with any other permit?								
Permit	Y	N	Permit	Y	N	Permit	Y	N
Authority to Work	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	Excavation and Penetration	<input type="checkbox"/>	<input type="checkbox"/>
HV Access	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	Vicinity Permit	<input type="checkbox"/>	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Are the personnel performing the activity 'Work at Height' trained and competent?	<b>Y</b>	<b>N</b>
Have a Risk Assessment or JHA been completed for the work this permit is applicable to?	<input type="checkbox"/>	<input type="checkbox"/>
Has the requirement for a Rescue Plan has been assessed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the working at heights equipment has been inspected, tagged and in date?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Working at Heights exclusion zone has been demarcated?	<input type="checkbox"/>	<input type="checkbox"/>
Is the activity going to cause an opening e.g. lifting grid mesh, removing handrails? (If Yes, hard barricading must be erected by a qualified scaffolder before the opening is created).	<input type="checkbox"/>	<input type="checkbox"/>

Fall prevention technique to be used		Y/N or N/A
<b>Restraint Technique</b>	Personnel are restrained so they cannot reach a position where a fall is possible	
	Personnel can maintain a secure footing at all times	
<b>Limited Freefall</b>	An inertia reel or shock absorbing device fitted to prevent a fall greater than 600mm	
	Anchor points have been identified, assessed and inspected	
<b>Restrained Fall (Roof or pole work)</b>	A shock absorbing system is fitted	
	Anchor points have been identified, assessed and inspected	
	An approved fall arrest harness is being used	
<b>EWP</b>	Pre-start inspection completed	
	Ground conditions are suitable for the task	
	All overhead hazards have been identified and controlled	
	Fall arrest controls in place	
	Operator and standby are EWP qualified	
<b>Ladders</b>	Personnel are restrained so they cannot reach a position where a fall is possible	
	The ladder is secure/stable to prevent movement	
	Fall prevention controls in place if ladder is within 2 metres of a handrail, open edge or moving equipment	
<b>Work Box (Personnel Cage)</b>	An approved Critical Lift Plan has been completed	
	A pre-start inspection has been performed and recorded (Minimum competency – Dogman)	
	All overhead hazards in work area identified and controlled	
	Personnel operating the lifting equipment are competent and certified to do so	
<b>Industrial Rope Access</b>	Minimum 3 persons required: 2x IRA technicians. 1x Standby	
	Area Manager or Superintendent has authorised the risk assessment	

Authority to Work at Height			
<b>Permit Holder:</b> I agree to the conditions above, the associated procedures and accept the responsibility of the work covered by this Permit.			
Full Name: (please print)		Signature:	Date:
<b>Standby Person:</b> I understand and accept the responsibility of the standby person.			
Full Name: (please print)		Signature:	Date:
<b>Permit Issuer:</b> I have advised the person nominated above of the conditions of this permit and authorise Working at Height to be carried out.			
Full Name: (please print)		Signature:	Date:

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**Rescue Plan** - Where working at height is to be conducted, a Rescue Plan shall be completed in consultation with the Emergency Services Coordinator on site. A copy of the Rescue Plan shall be attached to this permit. All personnel involved in the working at height shall be fully briefed on the Rescue Plan.

**Immediate Response:** Describe the immediate response requirements of the nominated Standby person in the event of an emergency

Emergency Radio Channel:	Emergency Internal Phone Extension:	Emergency Number (from a mobile)

**Immediate Response** (What would you do if something went wrong?)


**Rescue Equipment** (List the rescue equipment to be available at the work site)


**Responsible Person** (I agree to the conditions, the associated procedures and accept the responsibility of the work covered by this Permit).

I have read and understand the Rescue Plan and will be able to initiate if required.

Name (Please Print)	Signature ON	Time ON	Signature OFF	Time OFF
		:		:
		:		:
		:		:
		:		:

**Nominated Standby Person** (I understand and accept the responsibility of the standby person).

I have read and understand the Rescue Plan and will be able to initiate if required.

Name (Please Print)	Signature ON	Time ON	Signature OFF	Time OFF
		:		:
		:		:
		:		:
		:		:

**Working at Height Personnel**

I am Working at Height trained and I have read and agree to the conditions of this Permit.

Name (Please Print)	Signature ON	Time ON	Signature OFF	Time OFF
		:		:
		:		:
		:		:
		:		:
		:		:

**Permit Closure** (To be completed by the Responsible Person)

All Working at Height PPE has been returned, inspected and accounted for.

All work associated within the duration of this permit has been completed. The work and adjacent areas have been inspected and have been left in a safe condition.

**Controls in place:**


**Full Name:** (please print)

**Signature:**

**Date:**

**Once cancelled the Working at Height Permit shall be returned to the Area owner.**

**Relinquished Working at Height Permits shall be retained for filing for a period of one (1) month**

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