

# WORKING AT HEIGHTS PERMIT

Location of Work: \_\_\_\_\_

No. of Workers: \_\_\_\_\_

Name of Competent Person: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

 Risk Assessment at back of this form Completed?  Y  N

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Commencement Time: \_\_\_\_\_ : \_\_\_\_\_ am/pm

**All remaining details must be authorised on-site by the Manager / Supervisor before the work is to proceed, and only the work listed may be undertaken.**
**Isolation of Hazards**
**Yes No**
*The items below have been isolated or made safe:*

- |  |                          |                          |
|--|--------------------------|--------------------------|
| -Pipelines (water, steam, gas, fuel, etc)          | <input type="checkbox"/> | <input type="checkbox"/> |
| -Mechanical and/or electrical drives               | <input type="checkbox"/> | <input type="checkbox"/> |
| -Traffic flow in work area suspended or controlled | <input type="checkbox"/> | <input type="checkbox"/> |
| -Electrical services                               | <input type="checkbox"/> | <input type="checkbox"/> |
| -Air conditioning and exhaust ducting              | <input type="checkbox"/> | <input type="checkbox"/> |
| -Other(specify): _____                             | <input type="checkbox"/> | <input type="checkbox"/> |
| -Other(specify): _____                             | <input type="checkbox"/> | <input type="checkbox"/> |

**Fall Prevention Measures**
*The fall prevention measures below have been implemented:*

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Barriers or barricading of work platforms | <input type="checkbox"/> | <input type="checkbox"/> |
| -Use of safety harnesses                  | <input type="checkbox"/> | <input type="checkbox"/> |
| -Inertia reels or lifelines               | <input type="checkbox"/> | <input type="checkbox"/> |
| -Other(specify): _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| -Other(specify): _____                    | <input type="checkbox"/> | <input type="checkbox"/> |

### Means of Access to Work at Heights

**Yes No**

- Scaffolding (type): \_\_\_\_\_
- Height access or reach equipment (type): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

### Work at Heights Procedures

*The following precautions must be observed when working at heights:*

- Scaffolding over 4 metres high to be erected by licensed scaffolder only
- Scaffolding to be inspected by competent person daily before use
- Mobile scaffolding to have wheels securely locked before work commenced
- Area which may be affected by work at heights to be barricaded off
- Power leads not to be draped across scaffolding or access ways
- Tools, equipment, etc, to be secured from falling by lanyards
- Kickboard to be provided around perimeter of work platform to prevent materials, tools and equipment falling form platform
- Need for observer to be considered, and appointed if necessary.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### Entry Personnel

The following personnel have been trained and authorised to work at heights.

**Worker Name**

**Worker Signature**


**Authorisation for Works at Heights**

The works described above is, in my opinion safe for the work specified on this Permit, provided that the precautions listed above and the control measures listed on the risk assessment are adhered too. In addition, the following requirements must be implemented:

**Other Requirements:** *(if applicable)*

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This Permit is valid from \_\_\_\_ am/pm on \_\_\_/\_\_\_/\_\_\_ until \_\_\_\_ am/pm on \_\_\_/\_\_\_/\_\_\_

Manager : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm

**Tasks Completed**

All persons, equipment, plant and materials HAVE been withdrawn. The work has been completed and the prescribed works at height has been completed.

**The following observations of unsatisfactory aspects of the works at heights are noted for attention prior to undertaking a similar operation.**

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Manager: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm