

Title: Permit to Work – Work at Heights Permit	No:
	Authorised By:
Issue Date: July 2018 Next Review Date: July 2020	OFFICE USE ONLY
	Number of Pages: 2

Permit Number: _____ Date: _____

Site: _____

Location: _____

Contractor/Employee: _____ Phone: _____

This permit is valid from: _____ am/pm On: _____

This permit is valid until: _____ am/pm On: _____

Description of works: _____

A Safe Work Method Statement (SWMS), Job Safety Analysis (JSA) and/or Safe Work Procedure (SWP) has been provided and is attached to this 'work permit' Yes No

Note: The following section of this permit must be completed and signed by the authorised person(s) before work is to proceed and only work listed above may be completed.

The following equipment will be used during the works (all equipment to be used is in good working order and is fit for use):

<input type="checkbox"/> Elevated work platform (i.e. scissor lift)	<input type="checkbox"/> Roof and/or ladder anchor points	<input type="checkbox"/> Ropes and harness
<input type="checkbox"/> Step ladder	<input type="checkbox"/> Extension ladder	<input type="checkbox"/> Edge protection
<input type="checkbox"/> Mobile scaffold	<input type="checkbox"/> Appropriate footwear	<input type="checkbox"/> Safety net

Other (please specify): _____

The following services have been isolated for the duration of the works:

<input type="checkbox"/> Smoke / thermal detectors	<input type="checkbox"/> Pipes, tanks and valves	<input type="checkbox"/> Electrical Outlets / appliances
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Other (please specify): _____

The following control measures have been implemented for the duration of the works:

<input type="checkbox"/> Barricades	<input type="checkbox"/> Signage	<input type="checkbox"/> Spotter
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Other (please specify): _____

The following environmental factors have been assessed and are suitable for the works:

<input type="checkbox"/> Weather / wind	<input type="checkbox"/> Stored material / vegetation
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Other (please specify): _____

This permit should be prominently displayed at the work site

Authorisation

Permit Issued To: _____
(Print name) (Signature) (Date)

Permit Issued By: _____
(Print name) (Signature) (Date)

Cancellation/completion of permit

Permit cancelled/returned by: _____
(Print name) (Signature)

Cancelled/returned at: _____ am/pm On: _____

Reason for cancellation : _____

Final Sign Off

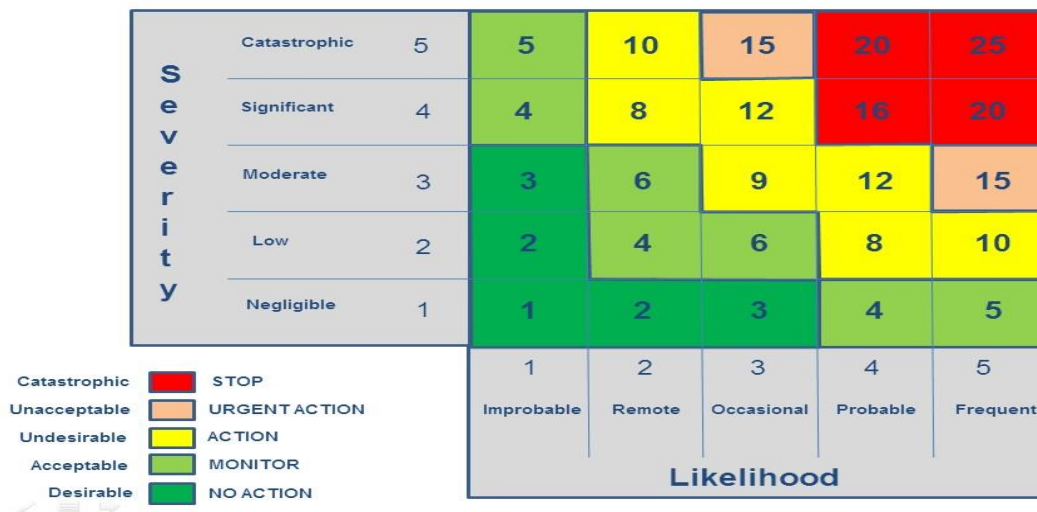
The worksite has been inspected by me at the cancellation/completion of the work at heights and declared safe for normal operations to resume.

_____ (Print name) _____ (Signature) _____ (Date)

Safe Work Method Statement Form			
Activity Description			
Project Location		Date :	
Project Manager		Time :	
Company Details		Principal Contractor	
Company Name		Principal Contractor	
Contact Person		Contact Person	
Address		Address	
Phone Number		Phone Number	
Responsibilities		Name	Position
Person responsibly to ensure compliance with OHS requirements and building code			
Number of worker on site			
Details of Subcontractors		Name of Contractor	
		Contact Person	
		Number of employees	
		Duration of work	

High Risk Construction work	PPE Required	
Place tick (if required) or x ((if not)required)	Place tick (if required) or x (if not required)	
Risk of person falling from more than 1.8 meters	<input type="checkbox"/>	Full body Harness
Likely to involve disturbing asbestos	<input type="checkbox"/>	Helmet
Work on or near the chemical , fuel or refrigerant lines	<input type="checkbox"/>	Safety shoes
Work on areas with artificial extremes of temperature	<input type="checkbox"/>	Eye Glass
Use of explosives	<input type="checkbox"/>	Reflector vest
All electrical cables are safe and not exposed to risk	<input type="checkbox"/>	Others specify

Risk Rating = Likelihood x Severity



Comments

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