

PERMIT NUMBER

WAH \_\_\_\_

# Permit – Work at Heights Permit

## PART 1 – PERMIT DETAILS – Available on BSAFE

Work Order/Project #	
Permit Holder Name	
Permit Holder Contact Number	
Company	
Permit Request Date & Time	

## Hot works Permit (Open) – To be completed by Permit Holder

Description of the work	
Location of works	
Person in Control of the work (name):	
Confirm the following is in place:	<input type="checkbox"/> SWMS reviewed in consultation with work group <input type="checkbox"/> Work area cordoned off or barricaded/ warning signs in place <input type="checkbox"/> Emergency exits / muster points / contingency plans understood <input type="checkbox"/> All workers have current work at heights competencies <input type="checkbox"/> All workers have current licenses/certificates of competency for the works
Are you performing work IN a roof or ceiling space?*	<input type="checkbox"/> Yes – Answer below <input type="checkbox"/> N/A
Confirm the following controls are in place	<input type="checkbox"/> Space has been assessed to verify NOT a confined space <input type="checkbox"/> Electrical isolation in place to prevent contact with live wires or equipment <input type="checkbox"/> Communication with spotter is in place <input type="checkbox"/> Dust masks, head and eye protection available if required <input type="checkbox"/> Additional lighting available <input type="checkbox"/> Safe traverse route identified on joist and beams
Do you require access to the roof/on a roof?*	<input type="checkbox"/> Yes – Answer below <input type="checkbox"/> No
Confirm the following roof access controls*	<input type="checkbox"/> All workers have read & understood the roof access procedure <input type="checkbox"/> Anchor points and 100% attachment will be in place at all times unless edge protection (>900mm) is in place <input type="checkbox"/> Only tools that are required for the task are to be taken onto the roof <input type="checkbox"/> All tools are fixed to personnel by a lanyard <input type="checkbox"/> Any chemicals, liquids, solvents or greases being used have been notified to the Facilities Manager
Are you working at height on ladders?*	<input type="checkbox"/> Yes – Answer below <input type="checkbox"/> No
Confirm the following controls are in place:	<input type="checkbox"/> Alternatives to ladders have been considered <input type="checkbox"/> Three points of contact can be maintained and tools can be operated safely with one hand <input type="checkbox"/> Ladder is in good condition and free of damage <input type="checkbox"/> Ladder is set-up on firm, stable level ground <input type="checkbox"/> Ladder is the correct height for the task to avoid reaching or stretching <input type="checkbox"/> Ladder is secured against slipping <input type="checkbox"/> Locking devices on the ladder are secure <input type="checkbox"/> Ladder is not too close or too far from the support structure <input type="checkbox"/> Slip resistance footwear is being worn <input type="checkbox"/> Materials or tools are not carried while climbing the ladder—use a tool belt or side pouch.

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Are you working at height on scaffold?\* ☐ Yes – Answer below ☐ No

Confirm the following controls are in place:	<input type="checkbox"/> Compliant with ASNZS 1576 and ASNZS 4576 <input type="checkbox"/> Scaffolding installation under 2m: installer trained in scaffold erection and use according to OEM <input type="checkbox"/> Scaffolding installation 2-4m: installer verified as competent/trained by intermediate level scaffolder <input type="checkbox"/> Scaffolding installation more than 4m: installer verified as intermediate level scaffolder <input type="checkbox"/> Suspended scaffolding installation: installer verified as advanced level scaffolder <input type="checkbox"/> Sequential erection method used, or railing installed prior to decking next level <input type="checkbox"/> Scaffolding equipped with toe-boards and guardrails <input type="checkbox"/> Mobile scaffolding erected on suitable surface & suitable for load, wheels locked when in use <input type="checkbox"/> Mobile scaffold will not be moved when occupied <input type="checkbox"/> Outriggers in place for stability, or tied off
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Are you using fall arrest or restraint systems? ☐ Yes – Answer below ☐ No

Confirm the relevant controls that are in place:*	<input type="checkbox"/> Harnesses inspected and are free from damage and within the manufacturer's "remove from service" date <input type="checkbox"/> Snap hooks have a secondary locking mechanism <input type="checkbox"/> Fall arrest mechanisms have shock absorber <input type="checkbox"/> Based on the location of the anchor point, design of the fall arrest system and working height, in the event of a fall the system will arrest the worker prior to hitting ground/objects <input type="checkbox"/> Anchor point/s have been selected and deemed appropriate <input type="checkbox"/> The travel restraint system will prevent a worker falling off an unprotected edge
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Harness ID/Manufacturer

Harness date of issue

Anchor Point ID/Location

Anchor point inspection date

Are you working at height on an elevated platform (e.g. scissor lift, EWP etc)

☐ Yes – Answer below ☐ No

Select the relevant controls that are in place:	<input type="checkbox"/> Maintenance/servicing up to date with manufacturer's specifications <input type="checkbox"/> License/registration in date (if applicable) <input type="checkbox"/> Pre-start check completed (log book must be completed) <input type="checkbox"/> Plant fitted with reversing beepers and flashing lights <input type="checkbox"/> The plant is suitable for the surface to be used on (e.g. on-slab, rough terrain) <input type="checkbox"/> Load is within the safe limit of the plant <input type="checkbox"/> Outriggers to be used (packing to be used on soft/uneven surfaces) <input type="checkbox"/> Traffic Management Plan in place <input type="checkbox"/> Travel restraint system will be used when working from Work Platform <input type="checkbox"/> Fall arrest system will be used when working from Work Platform <input type="checkbox"/> Harnesses inspected and are free from damage and within the manufacturer's "remove from service" date <input type="checkbox"/> An anchor point has been selected and deemed appropriate
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Type of plant (e.g. boom lift, scissor lift etc)

Plant last inspection date\*

Detail any other relevant work at height safety controls that are in place:

**Emergency Response** - work at heights must have an emergency rescue plan in place to complete immediate rescue by the work group as well as measures to contact emergency services.

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Name of Spotter	
Emergency Rescue Plan - detail method and equipment to be used	
Permit Holder Name:	
Permit Holder Signature	
Date	
<b>Permit Authorisation (Approval) - To be completed by Permit Issuer:</b>	
Approval Type	<input type="checkbox"/> On-site Approval <input type="checkbox"/> Off-site Approval. Provide reasoning for offsite approval: _____
Date of Approval	
Permit Issuer Name	
Permit Issuer Role	
Permit Issuer Signature	
<b>Work at Heights Permit Closure:</b>	
Location works	
Confirm the following :	<input type="checkbox"/> Work at Height has been completed safely <input type="checkbox"/> All tools and equipment have been removed from the area <input type="checkbox"/> The site representative has been advised the works have been completed
Additional information/Comments:	
Date/Time*	
Permit Holder Name	
Permit Holder Signature	
Permit Issuer Name	
Permit Holder Signature	