

# WORKING AT HEIGHTS PERMITS

## Permit information and conditions

### Can the task be undertaken at ground level?

A Work at Heights Permit is required whenever there is a potential for a person to fall. Exceptions may include:

- A task undertaken on a structure (including stairs, fixed ladders, ramps and balconies) that comply with AS1657 and applicable Building Regulations.
- Where a risk assessment has previously been completed and a Standard Operating Procedure written.

#### Permit conditions

- 1 Only an 'authorised' Permit Authority can issue the permit.
- 2 Permit Authority must be satisfied that work is performed according to the Permit (e.g. appropriate level of supervision) and the area made safe on completion.
- 3 Only an 'authorised' Permit Authority can close the permit.

Company (if applicable)

Work Request / Project number

## Individual(s) involved

### INTERNAL USE ONLY: Approval (Authorised Permit Authority)

Name	Signature
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Time <input type="text"/> <input type="radio"/> am <input type="radio"/> pm

**Person(s) undertaking work** (Permit Holder). Note: Additional Person(s) undertaking work to be listed overleaf.

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name  Signature

**Stand-by / Spotter**  Yes  No  NA

Name  Signature

## Work details

Location of work (one specific location)

Description of work to be performed (brief)

Equipment to be used

- SWMS completed and controls identified (refer overleaf)
- Controls discussed with each person undertaking the work

**Isolation required** (please tick)

- Water  Steam  Gas  Electricity  Comp air  Mechanical  Smoke or Flame detectors  Sprinkler system

Other

**Frequency of supervision** (please choose one)

- Constant  10 minute  30 minute  Hourly  2 hourly  Start and finish  Other

## Emergency controls

In the event of an emergency, define **rescue plan** and/or **action required** and/or **who should be contacted** (include contact telephone numbers)

Note: What is the method of communication?

What will be the retrieval method?

Have you practiced a dry run?  Yes  No **If no**, explain why

Police, Fire and Ambulance 000 Security 00 0000 0000.

## Permit validity - **Permit to Work Deviation Form** required for permits more than one day only

This permit is only valid today   /   /    from   am  pm to   am  pm

# WORKING AT HEIGHTS

Hazard identificatio	Is there a risk?	Controls implemented (please tick)
<b>Falls from Heights</b>		<b>Relocation of work to ground level</b>
From an unguarded edge	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Complete some/all of the work at ground level
Through a fragile surface or penetrations	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<b>Passive fall prevention device</b>
Through the ceiling structure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Scaffolding
Down a sloping surface	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Elevated work platforms (e.g. scissor lift, knuckle boom)
Off a ladder	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Temporary guard/hand rails
While working above handrails	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Equipment inspected and in good/safe working condition
Caused by overloading capacity of surface	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Operator has appropriate training
From high winds	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Overhead obstructions removed, isolated or administratively controlled (e.g. spotter)
Due to a wet or slippery surface	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Harness (fitted correctly) and anchorage point in good condition
From an electrical shock	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<b>Work positioning system</b>
Due to damaged equipment (e.g. lanyards, harness, static lines)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<b>Note:</b> Only workers trained in the safe use of work positioning equipment are to use the equipment
From being accidentally knocked or pushed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Industrial rope access system
<p><b>Note:</b> Fall hazard controls to be implemented in accordance with the following hierarchy:</p> <ol style="list-style-type: none"> <li>The work should be done at ground level</li> <li>The work should be done from a passive fall prevention device (e.g. scaffolding, elevated work platform, temporary hand rails, step platform)</li> <li>The work should be done using a work positioning system (e.g. travel restraint, rope access system)</li> <li>The work should be done using fall injury prevention systems (e.g. fall arrest, safety net)</li> <li>The work should be done using a fixed or portable ladder (as per code of practice)</li> </ol>		<input type="radio"/> Travel restraint system
		<input type="radio"/> Anchorage points are in good condition and appropriate for task
		<b>Fall injury prevention systems</b>
		<b>Note:</b> Only workers trained in the safe use of harnesses are to wear the equipment
		<input type="radio"/> Safety harness with fall arrest equipment (as per AS1891)
		<input type="radio"/> Anchorage points are in good condition and appropriate for task
		<b>Ladders</b>
		<input type="radio"/> Appropriate for the task to be undertaken
		<input type="radio"/> Is in sound condition
		<input type="radio"/> Appropriate for the duration of the task
		<input type="radio"/> Is set up in the correct manner, secured
		<input type="radio"/> Load rating permanently marked in a prominent location
		<b>Ladder – do not</b>
		<input type="checkbox"/> Do not climb/work in a manner that involves facing away from the ladder
		<input type="checkbox"/> Do not stand on a rung closer than 900 mm from the top of a single or extension ladder
		<input type="checkbox"/> Do not carry out work that involves restricted vision or Hot Works (e.g. welding)
		<input type="checkbox"/> Do not use any equipment or tool that is designed to be operated with two hands
<b>Other hazards</b>		<b>Work Environment and PPE</b>
Dropping equipment, materials, tools onto people below	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Signage displayed highlighting the presence of overhead work
Dropping equipment, materials, tools onto food processes below	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Witches hats/barricades installed below work area
Tripping from uneven surface or ground level obstructions	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Tools and materials secured during the work
Strains from handling heavy or awkward loads	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Area tidied
		<input type="radio"/> Eye Protection
		<input type="radio"/> Hearing Protection
		<input type="radio"/> Gloves
		<input type="radio"/> Non-slip boots
		<input type="radio"/> Safety helmets/headwear (with chin strap)
		<input type="radio"/> Sunscreen
		<input type="radio"/> Other (define below)

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**Other comments**

- Use of knuckle booms/cherry pickers with a telescopic device over 11 metres requires a national certificate of competency (license).
- Construction of scaffolding over 4 metres requires a national certificate of competency (license).

We have a strong preference for a licensed operator in **all instances** regardless of the telescopic device length or scaffolding height.

**Additional Person(s) undertaking work**

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_