

	<h1>Work at Heights Permit</h1>	<b>Version No:</b>	3.0
		<b>Issued:</b>	25 May 2011
		<b>Reviewed:</b>	23 November 2016
		<b>Next Review:</b>	23 November 2019

<b>Work Details</b>
<b>Project/Activity:</b>
<b>Location of Work:</b>
<b>Names of persons conducting work:</b>
<b>Description of work:</b>
<b>Hazards and Risk Controls (All "No" answers require additional controls)</b>

	Yes	No	N/A
<b>1. Solid Construction</b>			
a. Has the structural strength been assessed for the proposed work? (If in doubt, engage structural engineer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are barriers in place around perimeters, mezzanine floors and floor, stair, landing or platform openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are openings and holes (e.g. manholes, voids) covered and securely fixed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are surfaces non-slip and free from trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is slope equal to or less than 7 degrees (1 in 8 gradient)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a safe means for workers to get to, from and move around the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Scaffolding</b>			
a. Has gradient, height, access and load been considered for the type of scaffolding to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does scaffolding comply with AS/NZS 1576 and AS/NZS 4576?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is erection, alteration and dismantling of scaffold to be performed by competent persons? (Licenced scaffolder required if over 4 metres)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is safe access to and egress from the scaffold provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all open edges protected by edge protection (e.g. hand rails, mid-rails, toe boards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mobile scaffolding fitted with wheel locks to prevent movement during use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Elevated Work Platforms</b>			
a. Has gradient, height, access and load been considered for the type of EWP to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are workers trained & instructed in Safe Work Instructions, use of fall-arrest equipment & rescue procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are log-books/maintenance records (for EWP & fall arrest equipment) current & available for inspection prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has surface area been checked for penetrations or obstructions that could cause uncontrolled movement or overturning of EWP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are traffic control measures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Will occupants be able to perform work whilst wearing fall arrest equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Has other PPE been identified & provided to workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Will EWP be kept clear of power lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Will chainsaws or other equipment be secured inside the platform to avoid dropping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Anchorage Points</b>			
a. Does each anchorage point comply with AS/NZS 1891:4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have all anchorage points been tested by a competent person before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is maximum distance a person would free-fall before fall arrest system takes effect 2 metres or less (taking into account worker's height, position of anchorage point, length of lanyard, slack, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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			Yes	No	N/A
<b>5. Portable Ladders (extension or step)</b>					
a.	Is the ladder rated for industrial use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the ladder manufactured to Australian Standards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is the ladder in good working condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Is the ladder to be used on firm, stable & level ground?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	If working in close proximity to persons or vehicles, are additional controls in place? (Detail on RA/SWMS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Will the ladder be secured during use? (Detail on RA/SWMS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Material or tools to be carried using tool belt or side pouch or hoisted up separately?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Will the ladder extend at least one metre above the stepping off point?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Will the worker be wearing slip-resistant shoes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Personal Protective Equipment</b>					
		<b>Yes</b>	<b>No</b>		
a.	Safety harness and / or safety line	<input type="checkbox"/>	<input type="checkbox"/>	Detail: _____	
b.	Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	Detail: _____	
c.	Hand protection	<input type="checkbox"/>	<input type="checkbox"/>	Detail: _____	
d.	Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	Detail: _____	
e.	Safety helmet	<input type="checkbox"/>	<input type="checkbox"/>	Detail: _____	
f.	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	Detail: _____	
<b>7. Worker / Operator training</b>					
				<b>Currency checked?</b>	
<b>Worker Name</b>		<b>Certification/Training</b>		<b>Yes</b>	<b>No</b>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Additional Risk Controls</b>					
<b>9. Verification</b>					
Contractor/workers have been informed of, at will at all times comply with all safety requirements & conditions of this Permit				<input type="checkbox"/>	<input type="checkbox"/>
Control measures have been implemented to minimise the risk of a fall that would be reasonably likely to cause injury to workers or other persons				<input type="checkbox"/>	<input type="checkbox"/>
An Emergency Plan has been prepared, sighted by Permit issuer and communicated to all workers?				<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Authority</b>					
Permit valid from: _____ am/pm ____ / ____ / ____ valid until _____ am / pm ____ / ____ / ____					
Issued by: : _____		Signature: _____			
(Name: Please Print)					
Issued to: : _____		Signature: _____			
(Name: Please Print)					
<b>11. Completion</b>					
I confirm that all persons and equipment have been withdrawn from the work area.					
Name: _____		Signature: _____			
(Name: Please Print)					
Date: _____		Time: _____ am/pm			