



WORKING AT HEIGHTS PERMIT

Date		Job Location	
Work/Task/Project Description			

Permit Number		Working at Heights Permit Number	
Company		Notifiable Work? (If yes, provide Evidence)	
Permit Receiver Name		Signed	
Permit Issuer Name		Signed	

Is there an alternative work method we could use e.g., drone, camera, work from ground?	
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PLAN

Item	Check	Yes	No	N/A
1	Have we considered all means to eliminate the need to work at height e.g. work from ground and lift into place? (refer hierarchy table attached)			
2	Can we use substitution to minimise the risk? Consider scaffolding or Elevated Work Platform (EWP) rather than man cages or ladders			
3	Have we got an effective plan to manage traffic and pedestrians? Consider exclusion zones for falling objects, mobile plant vs scaffold etc.			
4	Do the workers have the training they need for the task e.g. fall prevention, fall restraint, EWP?			
5	Where workers are securing harness systems to PERMANENT fixed anchor points have these have been designed, certified and inspected?			
6	Has the emergency plan (last page of this form) been completed, or a rescue plan attached? High risk tasks will require more detail e.g. abseiling			
7	Is something in place to stop tools or other objects from falling? e.g. lanyards, kick boards			
8	Have we considered the risk from / to overhead services and put controls in place?			
9	Is Isolation / Lock Out required?			



DO

Item	Check	Yes	No	N/A
10	Have physical barriers been put in place to identify exclusion zones?			
11	Are all handrails, guard rails and toe boards fixed in place?			
12	If using scaffolding, have you checked the certification is current?			
13	The slope / pitch of the work area has been addresses by our controls?			
14	Is fall arrest/restraint equipment (e.g. harness, lanyard, etc.) required? If yes, check condition, training, length of lanyard vs height of drop etc.			
15	Has all equipment been visually inspected as being in good condition, fit for purpose and currently certified?			
16	Is an experienced and competent person in charge of installing and checking temporary anchor systems? Who? Name:			

ACT

If the methodology or site conditions change, work must stop, and hazards and risks must be reassessed before work can proceed.

Should an emergency occur, implement the Emergency Plan immediately.

PERMITS OVER 1 DAY (MAX 5 DAYS)
(Review with Supervisor at start & end of each day)

Date:	/ /	/ /	/ /	/ /	/ /
Receiver:	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]
Issuer:	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]

Daily close out

Ensure all newly identified hazards and/or changes are communicated to the entire team



General

Are weather conditions suitable (wind, rain etc.)	Y / N
Has area been signed & barricaded off from passing vehicles and to protect persons from entering area?	Y / N
Do operators hold correct unit standard training	Y / N
Does equipment hold current inspection tag and has been inspected in good condition	Y / N
Will the work impact on neighboring areas	Y / N
Are lanyards or other measures in place to prevent tools and equipment falling from heights	Y / N
Is area free from other hazards such as power lines	Y / N
Harness/lanyard required or life vest if over water	Y / N
Is a rescue plan required	Y / N

Ladders

Is the ladder AS/NZ standard, rated for industrial use, and in good working condition	Y / N
Is ladder barricaded/signed from vehicles or persons in close proximity	Y / N
Is ladder secured during use and surface supporting ladder is secure	Y / N
Is ladder set to 4:1 ratio and extends 1m beyond step off point	Y / N

Working on the roof

Are work positioning or fall arrest systems in place where roof pitch exceeds 15 degrees	Y / N
Are walkways, platforms, or boards in place for work on fragile roofs (including within ceilings)	Y / N
Are work positioning or fall arrest systems in place where work will be within 2m of the edge	Y / N
Are barriers or guard rails in place where work will be within 2 meters of edge	Y / N
Are voids or skylights near work area barricaded	Y / N

Elevated Work Platforms (scissor lifts, man cages, cherry pickers etc)

Does the EWP hold current certification	Y / N
Does person hold qualification to operate EWP	Y / N
Harness & lanyard are worn	Y / N
Has gradient, height, access, load and ground surface been assessed when considering EWP type	Y / N

Scaffold

If fixed scaffolding it must be erected by a certified scaffolder / company	Y / N
If mobile scaffolding it must be erected by a competent person but cannot exceed 5 meters	Y / N
Is rechecked by certified scaffolder following severe weather, earthquake, or impact from mobile plant	Y / N
Has gradient, height, access, load and ground surface been assessed when considering scaffold type	Y / N

Other controls