

Working At Height Permit

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Permit Details

1 Permit number

2 Date of work *

3 Start time *

4 Expected end time *

5 Work location *

6 Specific area or description

Personnel

7 Name of permit applicant *

8 Company or contractor

9 Contact phone number *

10 Names of all persons working at height *

11 Number of workers *

12 Competency / training records verified *

Yes

No

N/A

Work Description

13 Description of work to be carried out *

14 Maximum working height (metres) *

15 Estimated duration

Less than 1 hour

1–4 hours

4–8 hours

More than 8 hours

Access Equipment

16 Type of access equipment

Select all that apply

- | | | | |
|-----------------------------------------------|--------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Ladder | <input type="checkbox"/> Stepladder | <input type="checkbox"/> Scaffold | <input type="checkbox"/> Mobile scaffold tower |
| <input type="checkbox"/> MEWP / cherry picker | <input type="checkbox"/> Rope access | <input type="checkbox"/> Fixed platform | <input type="checkbox"/> Harness and lanyard |
| <input type="checkbox"/> Other | | | |

17 If other, please specify

18 Has equipment been inspected and tagged? *

- Yes No N/A

19 Date of last inspection

20 Any defects identified?

- Yes No N/A

21 Defect details

Hazard Identification

22 Hazards present

Select all that apply

- | | | | |
|-------------------------------------------|------------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Fragile surfaces | <input type="checkbox"/> Overhead obstructions | <input type="checkbox"/> Power lines | <input type="checkbox"/> Adverse weather |
| <input type="checkbox"/> Falling objects | <input type="checkbox"/> Unstable ground | <input type="checkbox"/> Public access below | <input type="checkbox"/> Moving vehicles |
| <input type="checkbox"/> Hot works nearby | <input type="checkbox"/> Other | | |

23 Other hazards

24 Could falling objects affect others below?

- Yes No N/A

Control Measures

25 Area below barricaded or signed?

Yes

No

N/A

26 Edge protection in place?

Yes

No

N/A

27 Safety netting installed?

Yes

No

N/A

28 Fall arrest / restraint system required?

Yes

No

N/A

29 Hard hats required below work area?

Yes

No

N/A

30 Tool tethering in use?

Yes

No

N/A

31 Weather conditions checked and acceptable? *

Yes

No

N/A

32 Additional control measures

Emergency Procedures

33 Rescue plan in place? *

Yes

No

N/A

34 Rescue plan details

35 Nearest first aid kit location

36 Emergency contact / site supervisor *

37 Emergency contact phone number *

Pre-Work Checks

38 Risk assessment completed and reviewed *

Yes

No

N/A

39 Method statement reviewed with workers *

Yes

No

N/A

40 All workers briefed on task *

Yes

No

N/A

41 PPE checked and in good condition *

Yes

No

N/A

42 Communication method agreed

Yes

No

N/A

43 Photos of setup / equipment

Attach file here

Authorisation

44 Permit requested by *

45 Applicant signature *

Signature

46 Permit authorised by *

47 Authoriser signature *

Signature

48 Date and time authorised *

Permit Closure

49 Work completed?

Yes

No

N/A

50 Area left safe and clear?

Yes

No

N/A

51 Equipment removed or secured?

Yes

No

N/A

52 Any incidents or near misses during work?

Yes

No

N/A

53 Incident details

54 Closed by

55 Closure signature

Signature

56 Date and time closed
