

WORK AT HEIGHTS PERMIT

Permit Number: _____	Date: _____
Site: _____	
Location: _____	
Contractor/ Employee: _____	Phone: _____
This permit is valid from: _____	am/pm On: _____
This permit is valid until: _____	am/pm On: _____
Description of works: _____	
<p>A Risk Assessment (RA) and/or Safe Work Procedure (SWP) has been provided and is attached to this 'work permit' Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Note: The following section of this permit must be completed and signed by the authorised person(s) before work is to proceed and only work listed above may be completed.

The following equipment will be used during the works (all equipment to be used is in good working order and is fit for use):

- | | | |
|--|--|--|
| <input type="checkbox"/> Elevated work platform
(i.e. scissor lift) | <input type="checkbox"/> Roof and/or ladder anchor
points | <input type="checkbox"/> Ropes and harness |
| <input type="checkbox"/> Fixed scaffold | | <input type="checkbox"/> Safety net |

Other (please specify): _____

The following services have been isolated for the duration of the works:

- | | | |
|--|--|---|
| <input type="checkbox"/> Smoke / thermal detectors | <input type="checkbox"/> Pipes, tanks and valves | <input type="checkbox"/> Electrical Outlets /
appliances |
|--|--|---|

Other (please specify): _____

The following control measures have been implemented for the duration of the works:

- | | | |
|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Barricades | <input type="checkbox"/> Signage | <input type="checkbox"/> Spotter |
|-------------------------------------|----------------------------------|----------------------------------|

Other (please specify): _____

The following environmental factors have been assessed and are suitable for the works:

- | | |
|---|---|
| <input type="checkbox"/> Weather / wind | <input type="checkbox"/> Stored material / vegetation |
|---|---|

Other (please specify): _____

The following control measures have been implemented to work next to or near water:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> VHF radio | <input type="checkbox"/> Life jackets |
|------------------------------------|---------------------------------------|

Other (please specify): _____

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This permit should be prominently displayed at the work site with risk assessment

Authorisation		
Permit Issued To:	_____	_____
	(Print name)	(Signature)
		(Date)
Permit Issued By:	_____	_____
HM/DHM/Duty Officer	(Print name)	(Signature)
(Delete as applicable)		(Date)

Cancellation/completion of permit		
Permit cancelled/returned by:	_____	_____
	(Print name)	(Signature)
Cancelled/returned at:	_____ am/pm	On: _____
Reason for cancellation :	_____	_____
	_____	_____

Final Sign Off		
The worksite has been inspected by me at the cancellation/completion of the work at heights and declared safe for normal operations to resume.		
_____	_____	_____
(Print name)	(Signature)	(Date)