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| **Title: Permit to Work – Work at Heights Permit** | **No:**  |
| **Authorised By:**  |
| **Issue Date:** **Last Reviewed:** **Next Review Date:**  | **Number of Pages: 2** |

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| 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: |       |
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| A Safe Work Method Statement (SWMS), Job Safety Analysis (JSA) and/or Safe Work Procedure (SWP) has been provided and is attached to this ‘work permit’ Yes [ ]  No [ ]  |
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| **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): |
| [ ]  | Elevated work platform (i.e. scissor lift) | [ ]  | Roof and/or ladder anchor points | [ ]  | Ropes and harness |
| [ ]  | Step ladder | [ ]  | Extension ladder | [ ]  | Edge protection |
| [ ]  | Mobile scaffold | [ ]  | Appropriate footwear | [ ]  | Safety net |
| Other (please specify): |  |
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| The following services have been isolated for the duration of the works: |
| [ ]  | Smoke / thermal detectors | [ ]  | Pipes, tanks and valves | [ ]  | Electrical Outlets / appliances |
| Other (please specify): |  |
|  |  |
|  |
| The following control measures have been implemented for the duration of the works: |
| [ ]  | Barricades | [ ]  | Signage | [ ]  | Spotter |
| Other (please specify): |  |
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| The following environmental factors have been assessed and are suitable for the works: |
| [ ]  | Weather / wind | [ ]  | Stored material / vegetation |  |  |
| Other (please specify): |  |
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| **This permit should be prominently displayed at the work site** |

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| Authorisation |
| Permit Issued To: |  |  |  |  |  |
| (Print name) | (Signature) |  | (Date) |
|  |
| Permit Issued By: |  |  |  |  |  |
| (Print name) | (Signature) |  | (Date) |
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| Cancellation/completion of permit |
| Permit cancelled/returned by: |  |  |  |
| (Print name) | (Signature) |
|  |  |
| Cancelled/returned at: |  | am/pm | On: |  |
| Reason for cancellation : |  |
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| 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) |
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