



Form: Work at Height Permit

Contractor's Name and Company _____

Description of Work _____

Location of Work & access point (Campus & Block) _____

THIS PERMIT MUST BE COMPLETED IN ACCORDANCE WITH *PROCESS - WORK AT HEIGHT*

Conditions of Permit

	YES	NO
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	<input type="checkbox"/>	<input type="checkbox"/> (No access)
Have all persons assigned to work at height reviewed the SWMS and identified applicable control measures?	<input type="checkbox"/>	<input type="checkbox"/> (No access)
Have you been provided with and reviewed the campus's 'Safe Roof Access Procedure' for the applicable block?	<input type="checkbox"/>	<input type="checkbox"/> (No access)
Is the access point permanent or temporary?	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>

General

The following equipment will be used for the duration of the works:

- | | | |
|---|---|--|
| <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"/> Step ladder | <input type="checkbox"/> Extension ladder | <input type="checkbox"/> Edge protection |
| <input type="checkbox"/> Mobile scaffold | <input type="checkbox"/> Appropriate footwear | <input type="checkbox"/> Safety net |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Other – please specify: _____ | |

The following additional permits are required for the duration of the works:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Excavation & Trenching | <input type="checkbox"/> Hot Work |
| <input type="checkbox"/> Water, Electrical & Gas Isolation | <input type="checkbox"/> Fire Equipment Impairment | |
| <input type="checkbox"/> Other – please specify: _____ | | |

Safe Work Method

The safest practical method of work at height for this activity is (please tick):

- Relocate work to ground or solid construction
- Passive fall prevention
- Work positioning system
- Fall injury prevention
- Ladder (work from/access)
- Administration controls

Emergency Procedures

YES **NO**

- Communication to call for help is available
- Emergency retrieval / rescue plan is established
- First aid provisions are available
- Work is done in pairs

Authorised Personnel

The below personnel are authorised to work at height for the duration of the works:

- Name _____
- Name _____
- Name _____
- Name _____
- Name _____

Name of Contractor's Supervisor _____ **Date** / /

Signature _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

OFFICE USE ONLY

Work at Height Authorisation

Permit No:	Permit valid from:	am/pm	on	/	/	to	am/pm	on	/	/	
Name of SRTAFE Contact									Date	/	/
Signature											

Completion of Work

The work has been completed as required and the area has been made safe.

Name of SRTAFE Contact									Date	/	/
Signature											

Related documents

- Policy: Work Health and Safety
- Process: Working at Heights