



PERMIT for WORKING AT HEIGHT

Permit No.

This permit assumes that all other control methods have been considered and that the use of PPE has been deemed the only practicable alternative for the work to be undertaken. Only trained, competent persons who are current may work at height.

Person or contractor responsible for work:		
Job location:		
Job description:		
Schedule:	Start time/Date:	Finish time/Date:

INDICATE TYPE OF FALL PROTECTION SYSTEM:

Type of System (indicate)	Description	Authorisation
<input type="checkbox"/> Travel restraint system (total restraint)	Falls are prevented – PPE limits travel	May proceed as planned
<input type="checkbox"/> Work positioning system	Continuous tension, restrained by PPE	May proceed only if PPE is suitable
<input type="checkbox"/> Fall-arrest system	Does not prevent falls – catches after fall	STOP! Supervisor approval is required

WORK CONTEXT:

I will be working in the following environment (indicate)...	Hazards assessed? Y / N	Can work proceed? Y / N
<input type="checkbox"/> On a roof surface (roof pitch angle = _____ degrees)		
<input type="checkbox"/> Near an exposed edge (no hand railing or barriers present)		
<input type="checkbox"/> Near an open hole (no hand railing or barriers present)		
<input type="checkbox"/> On heavy plant and machinery (describe):		
<input type="checkbox"/> On a tower structure – Type: <input type="checkbox"/> Comms <input type="checkbox"/> Energy transmission <input type="checkbox"/> Cable-way tower		
<input type="checkbox"/> Erecting scaffold		
<input type="checkbox"/> On a crane (describe):		
<input type="checkbox"/> Other: (describe):		

INDICATE TYPE OF FALL PROTECTION EQUIPMENT TO BE USED (PPE):

I will be using the following PPE (indicate)...	Checked? Y / N	Inspection current? Y / N
<input type="checkbox"/> Lanyard (adjustable length)... How will you attach the lanyard to your harness? <input type="checkbox"/> Lanyard (fixed length)..... <input type="checkbox"/> Rear attachment (reasonable justification is required) <input type="checkbox"/> Double (twin-tail) lanyard.... <input type="checkbox"/> Front attachment (preferred method) <input type="checkbox"/> Is connector compatible with harness to avoid risk of roll-out? Y / N		
<input type="checkbox"/> Retractable lanyard (seat belt / webbing type) – type 2 no winch		
<input type="checkbox"/> Retractable lanyard (cable type) – type 2 no winch		
<input type="checkbox"/> Retractable lanyard (cable type) – type 3 with winch capability		
<input type="checkbox"/> Pole strap/belt (adjustable)		
<input type="checkbox"/> Full Body Harness (fall arrest type with front & rear connectors)		
<input type="checkbox"/> Full Body Harness (work positioning type with front, rear & side connectors)		
<input type="checkbox"/> Rope and rope grab/clamp – adjustable length		

METHOD OF ACCESS TO TARGET WORK POSITION:

Method of access...	Checked? Y / N	Surrounding hazards controlled? Y/N	Key control measures checklist
<input type="checkbox"/> Portable extension ladder			<input type="checkbox"/> Person to foot ladder available?
<input type="checkbox"/> Fixed ladder with cable system			<input type="checkbox"/> Cable fall-arrest device available?
<input type="checkbox"/> Elevating work platform (EWP)			<input type="checkbox"/> Adjustable lanyard available?
<input type="checkbox"/> Man cage / dog box via crane			<input type="checkbox"/> Dogger available and in cage?
<input type="checkbox"/> Scissor lift (stable work platform)			<input type="checkbox"/> No PPE required
<input type="checkbox"/> Climbing technique (using lanyard)			<input type="checkbox"/> Double hook lanyard suitable? <input type="checkbox"/> Pole strap/belt available?
<input type="checkbox"/> Other: _____			<input type="checkbox"/>

FALLEN WORKER RETRIEVAL PLAN:

	NO	YES
Is a pre-rigged retrieval kit checked and available for deployment?		
Does this job require the site ERT Rep to be notified?		
Does this job require a documented rescue plan? If yes, see attached.		
Is a standby person required to initiate the rescue plan? See below:		

Appointed standby person (may alternate with another competent person):

Name	Sign on	Time	Sign off	Time
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs

RISK ASSESSMENT:

Work cannot proceed until a field level risk assessment or JSA/JHA has been completed.

	NO	YES
Field level risk assessment or JSA completed? If yes, see attached.		

PERMISSION TO WORK:

I agree to work within the conditions indicated on this permit and accept the responsibility as the person directly in charge of the work. I declare that all work at height will be carried out in accordance with the requirements published in the most current version of AS 1891.4 and in consideration of the OHS legislation that applies to my workplace.

Person responsible for work	Name (print)		
	Signature		Date:

I hereby declare that the person identified on this permit is authorised to carry out the work at height subject to the terms and conditions of this permit.

Authorising person	Name (print)		
	Signature		Date:

JOB COMPLETION / CANCELLATION:

All work associated with this permit has been completed. All equipment associated with this permit has been returned in serviceable condition and the job site is clear of any hazards associated with this work.

Person responsible for work	Name (print)		
	Signature		Date:

Were there any incidents or near misses associated with this work? No Yes (see attached report)

IMPORTANT NOTES:

- 1: A person cannot self-authorise his own permit for working at height.
- 2: ERT rescue teams are exempted from completing this form during training exercises – standard site JSA /Field level risk assessment required.