# Working at heights permit

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| **Permit number:** |  | Work order number: |       |
| Requested by name: |       | Phone number: |       |
| Company: |       | Vendor OIC name: |       |
| Start date: |       | Finish date: |       |
| Start time: |       | Finish time: |       |
| Location: |       |
| Work description: |       |
| Special conditions: |       |
| Security considerations: |       |
| Clinical considerations: |       |

**EQUIPMENT, ISOLATIONS AND CONTROL MEASURES**

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| The following equipment will be used during the works (all equipment to be used is in good working order and is fit for use i.e. current test certificate, licenced operator): |
| [ ]  Elevated work platform | [ ]  Roof and/or ladder anchor points | [ ]  Ropes and harness |
| [ ]  Step ladder | [ ]  Extension ladder | [ ]  Edge protection |
| [ ]  Mobile scaffold | [ ]  Appropriate footwear | [ ]  Safety net |
| [ ]  Other:  | [ ]  Other: | [ ]  Other: |
| The following services have been isolated for the duration of the works |
| [ ]  Smoke/thermal detectors | [ ]  Pipes, tanks and valves | [ ]  Electrical outlets/appliances |
| [ ]  Other: |  |  |
| The following control measures have been implemented for the duration of the works |
| [ ]  Barricades | [ ]  Signage | [ ]  Spotter |
| [ ]  Weather/wind | [ ]  Stored material/vegetation | [ ]  Other: |

**APPROVAL**

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| 1. *I understand the conditions of this permit and will abide by all safe work procedures.*
 | Officer in charge on site:Name:      Signature:      1. Date:
 |
| *I am satisfied that persons impacted have been consulted. I approve the works specified in this permit.* | Infrastructure and Assets authorised person: Name:      Signature:      Date:       |

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| **Permit number:** |       | Date issued: |       |

**COMPLETION OF WORKS**

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| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Officer in charge:Name:      Signature:      Date:       |

**CLOSE OUT OF PERMIT**

|  |  |
| --- | --- |
| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Infrastructure and Assets authorised person: Name:      Signature:      Date:       |