# 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**

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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.* | Infrastructure and Assets authorised person:  Name:  Signature:  Date: |