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| **Work at Height Permit**  **This permit must be completed by hand** | **Permit number: WH** |
| **Authorised by:**  **Print name** |
| **Date:** |
| **THIS PERMIT MUST BE DISPLAYED ON SITE**  Site: ………………………………………………………………………………………………………………….  Location: …………………………………………………………………………………………………………….  Contractor/Employee: ………………………………. Phone: ………………………………………………….  This permit is valid from: …………………………… On: ……………………………………………………….  This permit valid until: ………………………………. On: ….……………………………………………………  Description of works: ………………………………………………………………………………………………  A Method Statement or Safe Work Procedure has been provided and Approved Attached to this work permit **YES / NO** | |
| 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): | |
| Cherry Picker  Scissor Lift  Running Lines  Ropes and harness  Step-ladder  Extension ladder  Man Safe  Edge protection  Scaffold  Aluminium tower scaffold  Fall Restraint  Safety net  Gondola  Mast Climber  Other (please specify): ……………………………………………………………………………………………… | |
| Training Certification for all Operatives | |
| Name: …………………………….. Trade ……………………………… Certs …………………………….  Name: …………………………….. Trade ……………………………… Certs …………………………….  Name: …………………………….. Trade ……………………………… Certs …………………………….  Name: …………………………….. Trade ……………………………… Certs …………………………….  Name: …………………………….. Trade ……………………………… Certs ……………………………. | |
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| The following environmental factors have been assessed and are suitable for the works: | |
| Weather conditions  Wind speed  Stored material/vegetation  Other (please specify) | |
| **Isolations required** | |
| Electrical Specify Yes  No  Mechanical Specify Yes  No  Ventilation Specify Yes  No  (Fume emission) | |

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| **Competency** |
| Team leader / Supervisor : …………………………………… Quals: …………………………………………  ( e.g. SMSTS/SSSTS)    Work Team Work at Height Trained? Yes  No |

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| **Authorisation** |
| Permit issued to: ……………………………. Signature: ……………………………… Date: ………………  (Print name)  Permit issued by: …………………………… Signature: ……………………………… Date: ……………… |

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| **Cancellation/completion of permit Sign Off** |
| Permit cancelled/returned by: ……………………………… Signature: ………………………………………..  Cancelled / returned at: …………………………… (24 hours) Date ……………………………  Reason for cancellation: Completed  Handover    Comments …………………………………………………………………………………………….  ………………………………………………………………………………………………………………………… |

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| **Final Sign-off** |
| The work site has been inspected by me at the cancellation/completion of the work at heights and declared safe for normal operations to resume.  ………………………………………………… Signature: ……………………………… Date: …………….  (Print name) |