

**WORKING AT HEIGHTS PERMIT**

SS-WHS-SAF-000

Authorised By:  
Rev 1 29/09/2023

<b>JOB DESCRIPTION</b>	
<b>PERMIT HOLDER</b>	
<b>PERMIT ISSUER</b>	

**SCOPE OF WORKS:****CAN THE NEED TO WORK AT HEIGHTS BE ELIMINATED?**

YES / NO

**WORKING AT HEIGHTS SYSTEM**

Identify which working at heights safety system will be used (below):

<input type="checkbox"/> Work off solid construction (e.g., scaffold)	<input type="checkbox"/> Fall prevention devices (e.g., guard rails)
<input type="checkbox"/> Work positioning system (e.g., fall restraint)	<input type="checkbox"/> Fall arrest (e.g., harness or catch platforms)

Are workers trained and competent?

YES / NO / NA

Is the equipment suitable and tested / tagged?

YES / NO / NA

**OTHER SAFETY CONTROLS**

If a SWMS is required, has one been developed and in use?

YES / NO / NA

Are warning signs and drop zones in place?

YES / NO / NA

Have environmental factors been assessed (e.g., wind)?

YES / NO / NA

Has work environment been assessed?

YES / NO / NA

Are ladders setup correctly, rated and inspected?

YES / NO / NA

**RESCUE PLAN**

Is a rescue plan required (for fall arrest?)

YES / NO / NA

Details of the rescue plan (including communication method):

**SIGN OFF (OPEN PERMIT)**

This permit is active from (date and time):

Until:

Permit extension, if required (date and time):

**PERMIT HOLDER SIGNATURE:****PERMIT ISSUER SIGNATURE:****SIGN OFF (CLOSE PERMIT)**

The work was finished at (date and time):

Have all personnel safely descended to the ground?

YES / NO / NA

**PERMIT HOLDER SIGNATURE:****PERMIT ISSUER SIGNATURE:**