

PERMIT – WORKING AT HEIGHTS 2m OR GREATER



***This permit must be completed prior to working at heights greater than 2m.
Work cannot be performed if any boxes are marked "No".***

This permit is valid for:

Location: _____ Height: _____

Date of work: _____ Time of work: _____

Work to be performed: _____

Anticipated time needed to complete work: _____

	N/A	Yes	No
Prestart and daily task control form completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 Method of access: _____

2 Communication procedures: _____

3 Lockout procedures (energy systems), if applicable: _____

	Yes	No
4 Height worker/s, attendant/s, and rescue personnel (if applicable) have successfully completed required training	<input type="checkbox"/>	<input type="checkbox"/>

5	Working at height procedures reviewed:	N/A	Yes	No
	Edge protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safe erection and dismantling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of fall restraint harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of harness and rated anchor points and rescue plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elevated work platform – scissor lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elevated work platform – cherry picker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elevated work platform – knuckle boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Man cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Overhead power lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ground conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Falling object control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No go zone under work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Working on brittle roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6	Permit issued for:	N/A	Yes	No
	Edge protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Erection and dismantling of scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Working on scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fall restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fall arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elevated work platform – scissor lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elevated work platform – cherry picker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elevated work platform – knuckle boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Man cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Working on brittle roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***I have reviewed the work authorised by this permit and the information pertaining to each item.
Safety procedures have been received and are understood by all personnel.***

Permit issuer _____ **Date:** _____

Permit holder _____ **Date:** _____