



# WORK AT HEIGHTS PERMIT

## General

Contractor Company Name: \_\_\_\_\_

Contractor Representative's Name: \_\_\_\_\_

Permit Issuer's Name: \_\_\_\_\_

Worksite/Store: \_\_\_\_\_

Location of Task: \_\_\_\_\_

Description of Task: \_\_\_\_\_

### Which of the following hazards are associated with this work?

Falling objects	<input type="checkbox"/>	Limited roof weight loading (placarded)	<input type="checkbox"/>
Unguarded edges	<input type="checkbox"/>	Unsecured ladders	<input type="checkbox"/>
High winds/weather	<input type="checkbox"/>	Uneven floor surfaces	<input type="checkbox"/>
Slope of surface	<input type="checkbox"/>	Fragile roofs	<input type="checkbox"/>
Overhead electrical cables	<input type="checkbox"/>	Other (provide details):	<input type="checkbox"/>

**Note:** The above identified hazards must be appropriately addressed within the relevant SWMS or equivalent risk assessment

### Does the work involve use of any of the following? (Please indicate only where relevant)

Ladders	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>
Working at height	<input type="checkbox"/>	Working alone or in isolation	<input type="checkbox"/>
Travel restraint	<input type="checkbox"/>	Fall arrest	<input type="checkbox"/>

**Note:** Complete the following sections only where applicable

### Ladders

Is the ladder in good condition and suitable for the task?	Yes <input type="checkbox"/>
Is the ladder tall enough for the task?	Yes <input type="checkbox"/>
Is the ladder on a level footing?	Yes <input type="checkbox"/>
Is the area below barricaded?	Yes <input type="checkbox"/>
Is the ladder secured top and bottom? (not applicable for step ladders)	Yes <input type="checkbox"/>
Is the ladder extended with at least three (3) rungs or 900mm overlap?	Yes <input type="checkbox"/>
Is the ladder position 1 in 4 ratio?	Yes <input type="checkbox"/>

### Scaffolding

Are kick boards in place?	Yes <input type="checkbox"/>
Are hand rails in place?	Yes <input type="checkbox"/>
Are mid rails in place?	Yes <input type="checkbox"/>
Is the ladder installed internally (if applicable)?	Yes <input type="checkbox"/>

Is the scaffold on a solid footing?	Yes <input type="checkbox"/>
Are the wheels in locked position when in use? (e.g. mobile scaffold)	Yes <input type="checkbox"/>
Is the area below barricaded?	Yes <input type="checkbox"/>
Is the scaffold operating within safe working limits?	Yes <input type="checkbox"/>
Is the area free from overhead obstructions?	Yes <input type="checkbox"/>
Is the scaffold erected by a competent person?	Yes <input type="checkbox"/>
<b>Emergency Arrangements for use of Fall Arrest Equipment (not applicable for fall restraint)</b>	
Have emergency and rescue procedures been established, tested and recorded? (These items can be recorded in SWMS)	Yes <input type="checkbox"/>
Have appropriate communication arrangements been established for potential emergencies?	Yes <input type="checkbox"/>

**Note:** The following sections must be completed

**Mandatory Control Measures**

A task/site specific SWMS, or equivalent, has been developed and appropriately addresses identified work at height hazards	Yes <input type="checkbox"/>
The SWMS, or equivalent, has been reviewed and is understood by those involved in the task	Yes <input type="checkbox"/>
Those involved in the work at height activities are appropriately competent and can produce evidence of training where requested	Yes <input type="checkbox"/>

**Authority**

The risk control measures and precautions are appropriate for the safe execution of the tasks. The risk controls have been implemented.

Signed (contractor representative):.....Date:...../...../.....Time.....

I have reviewed the contractor's risk management documentation provided in support of the permit to work activities and the documentation appears adequate for the work to proceed in accordance with the permit requirements.

Signed (David Jones Permit Issuer) ..... Date:...../...../.....Time: .....

This permit is valid until: Date: ...../...../.....Time: .....

**Persons Involved in Work at Height Activities**

I have been advised of and understand the risk control measures and precautions to be observed during the work. I have read and understand the SWMS, including risk controls, relating to the work at height.

Name	Signature	Date	Time

**Cancellation of Written Authority**

Work area checked and restored correctly: Yes/No

Signed (contractor representative):.....Date:...../...../.....Time.....

Signed (David Jones Permit Issuer) .....Date:...../...../.....Time: .....

Remarks or Comments:.....

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