



ECM NUMBER: #1273361

DEPARTMENT: Office of the CEO

EFFECTIVE DATE: 01/09/2020

UNIT: Safety and Wellness

This permit is required to be completed:

- Before commencing any work above 2 metres in height.
- Where a worker is required to work from an elevated work platform (e.g. scissor lift, cherry picker)
- Where a worker has to work within 2 metres of an unprotected edge higher than 2 metres.
- Completed by the person performing the work prior to the commencement of **ALL** work that requires access to the roof or ceiling space.

This permit is valid for **24 hours**

**Section 1 Details of Work**

Site name				Work Order #	
Location of site					
Details of work to be undertaken					
Date of work		Start time	AM / PM	Finish time	AM / PM

**Section 2 Work at Height Checklist**

All personnel involved in working at height activities have the required competencies and have been authorised. Fitness for work	Y <input type="checkbox"/> mandatory
Relevant SWMS has been reviewed by all involved in the task.	Y <input type="checkbox"/> mandatory
A High-Risk Work Rescue Plan has been established where: <input type="checkbox"/> A worker is using a safety harness to perform the work activity.	Y <input type="checkbox"/> mandatory
Immediate area affected by the work at height have been barricaded and signs installed.	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Drop zone established, barricaded and signs installed.	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Are Electrical Entity permits required?	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Working near powerlines – exclusion zones identified & highlighted	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Risk control/s to be implemented: <input type="checkbox"/> Fall prevention/edge protection <input type="checkbox"/> Fall restraint <input type="checkbox"/> Fall arrest	
Detail equipment to be used (e.g. EWP and fall arrest):	
Are temporary anchor points required – <b>if YES assessment by a qualified height safety supervisor and/or suitably qualified engineer required.</b>	Y <input type="checkbox"/> N/A <input type="checkbox"/>
A safety observer / Spotter has been appointed. Name:	Y <input type="checkbox"/> mandatory
Work at height access equipment has been inspected and has a current inspection tag attached (i.e. EWP, man box, etc.).	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Work at height safety equipment has been inspected and has a current inspection tag attached. – refer to Register/Checklist.	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Permanent anchor points are suitable for the work activity, have an information plate, have been inspected and have a current test tag attached.	Y <input type="checkbox"/> N/A <input type="checkbox"/>

Additional information:

### Section 3 Roof and Ceiling Space Entry

Section 2 has been completed if working within 2 metres of an unprotected edge.	Y <input type="checkbox"/> mandatory
Relevant SWMS has been reviewed by all involved in the task.	Y <input type="checkbox"/> mandatory
<b>Roofs</b>	
Supporting structure is sufficient to withhold the load of people, equipment and materials.	Y <input type="checkbox"/> mandatory
Pitch of the roof is not too steep for the work to be conducted safely without fall restraint.	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Requirements for working on fragile roofs are addressed ( <i>e.g. elevated platforms, industrial safety nets.</i> )	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Isolation requirements for services on roofs. ( <i>e.g. Power lines, electrical services communications.</i> )	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Loose tools and other objects secured so as they will not fall.	Y <input type="checkbox"/> mandatory
Warning signs and barriers erected at every level below the activity ( <i>Drop zones.</i> )	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Access and egress to the roof area is adequate for the work to completed safely.	Y <input type="checkbox"/> mandatory
<b>Ceiling Spaces</b>	
Ceiling spaces assessed to determine if they meet the criteria for a confined space: <input type="checkbox"/> Confined Space Permit required to perform the work activity.	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Supporting structure is sufficient to withhold the load of people, equipment and materials.	Y <input type="checkbox"/> mandatory
Adequate access to the workspace and the area is sufficient for the work to be conducted safely.	Y <input type="checkbox"/> mandatory
Requirements for working in ceiling spaces or fragile roofs are addressed ( <i>e.g. elevated platforms, industrial safety nets.</i> )	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Isolation requirements for services within ceiling space. ( <i>e.g. electrical, communications, utilities.</i> )	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Personnel below ceiling notified or exclusion zone established.	Y <input type="checkbox"/> N/A <input type="checkbox"/>

### Section 3. Verification of risk controls

I have reviewed the risk controls listed in Sections 2 and 3. I confirm they are appropriate and have been implemented for the work to be undertaken as described in Section 1. Workers involved in this work have been advised of, and understand, the requirements and risks of this work.

Permit recipient name		Signature	
Date		Time	

### Section 4. Completion of work

I confirm that the work has been completed in accordance with this permit and all work is complete, all tools and equipment removed, and the work area has been left in a safe condition.

Permit recipient name		Signature	
Date		Time	