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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1: General Information** (completed by **Permit to Work Initiator**) | | | | | | | | | | | | | | | | |
| Name of person in control of work (**Permit to Work Acceptor**): | |  | | | | | | | | | JSA Number: | | | | |  |
| Location of task: | | | | |  | | | | | | | | | | | |
| Description of task: | | | | |  | | | | | | | | | | | |
| **Part 2: Considerations** (completed by **Permit to Work Initiator and/ or Acceptor**) | | | | | | | | | | | | | | | | |
| Are any of the following present: | | | | | | | | | | | | | | | | |
| Work beyond confines of edge protection | | | | Yes | | | | | Heights work within a confined space | | | | | | Yes | |
| Work upon or access required to a roof  (also complete section 4) | | | | Yes | | | | | Work involves use of ladders in some way  (also complete section 5) | | | | | | Yes | |
| Requires use of lift/ sully box | | | | Yes | | | | | Other issue: | | | | | | Yes | |
| **Part 3: Controls** (completed by **Permit to Work Initiator and/ or Acceptor**) | | | | | | | | | | | | | | | | |
| Work shall only proceed if each statement is answered, ‘Yes’. Evidence of these shall also be provided. | | | | | | | | | | | | | | | | |
| All potential hazards have been identified and controls implemented | | | | | | Yes | | Details: | | | | | | | | |
| Fall protection equipment is appropriate for this task | | | | | | Yes | | Details: | | | | | | | | |
| Work team members have inspected fall protection equipment and ensured it is in an acceptable working order and within the inspection period, and this is listed on attached inspection tags. | | | | | | Yes | | Details: | | | | | | | | |
| Tools shall be appropriately secured throughout the task to ensure there is no risk of a dropped object | | | | | | Yes | | Details: | | | | | | | | |
| Safe access and egress has been established | | | | | | Yes | | Details: | | | | | | | | |
| A Rescue Plan has been formulated for this work | | | | | | Yes | | Attached | | | | | | | | |
| Area is barricaded and signed so no pedestrian or bystander is at risk | | | | | | Yes | | Attached | | | | | | | | |
| Additional Controls required for this work: | | | | | | | | | | | | | | | | |
| **Part 4: Roof Work** (completed by **Permit to Work Initiator and/ or Acceptor**) | | | | | | | | | | | | | | | | |
| There is the possibility of: brittle roofing, a fall or dropped object from or through a roof or ceiling and so the following additional controls will be used: | | | | | | | | | | | | | | | | |
| crawl boards with guardrails | Cat/ Roof fixed ladders with guard rails | | | | | | Safety mesh affixed to roof | | | | | full body harnesses - fall arrest | | | | |
| Edge protection | Roof access ladders | | | | | | Walkways using planks/ mesh | | | | | No loose material put on roof at any time | | | | |
| Skylights/ Penetrations covered securely or edge protection placed around them | Work ceases during rainy/ windy conditions | | | | | | Sarking | | | | | Scaffolding | | | | |
| Saftey Net | EWP access | | | | | | Positioning system | | | | | Roof anchor points have been inspected and are safe for use | | | | |
| These Additional Controls will also be used: | | | | | | | | | | | | | | | | |
| I have received approval to access this roof by a Roof Access Permit Authoriser.  (Roof Access Permit Attached) | | | | | | | | | | | | | | | | |
| **Part 4: Ladders** (completed by **Permit to Work Initiator and/ or Acceptor**) | | | | | | | | | | | | | | | | |
| I confirm that there is no safer system of work for this task. Consideration was given to: | | | | | | | | | | | | | | | | |
| * Performing work at ground level * Use of EWP * Erection of Scaffolding | | | | | | | * Use of work positioning system (travel restraint/ rope access) * Step Platform * Other: | | | | | | | | | |
| I confirm that the task has been risk assessed and the following ladder risks were considered: | | | | | | | | | | | | | | | | |
| * Type of task and how long it will take * The physical surroundings and conditions * The experience of the person performing task * The chance of overbalancing due to this work task * Whether any heavy-lifting or over-reaching is involved * Obstacles preventing ladder from being setup correctly * Ensuring ladder is long enough to ensure worker stands no higher than the rung 900mm from the top of ladder and at least 2 treads down from top plate. (at all times) * Other: | | | | | | | * The position of ladder and person during task * The tools used during task * The amount of leverage required when using any tools * Nearby services such as electrical wiring * Ladder capacity compared to worker weight plus tools/ equipment * Slope, sturdiness of ground on which ladder will be placed * Sturdiness of surfaces ladder will rest against * Will worker attempt to face away from ladder at any time while going up/ down or working on ladder? * Is a place the worker will attempt to stand after alighting from ladder unsafe in any way? | | | | | | | | | |
| The following control measures have been put in place for this work | | | | | | | | | | | | | | | | |
| ladder has non-slip feet that are in good condition | Single/ extension ladder is at a four to one slope. Step ladders in fully open position. | | | | | | Single/ extension ladder is secure at both top and bottom. | | | | | non-conductive ladder being used for electrical work or because there is a nearby electrical hazard | | | | |
| Ladder is protected from being hit or knocked by any nearby activity or traffic | There will be no work requiring heavy lifting/ over-reach or use of leverage from ladder | | | | | | Three points of contact will be used during all climbing up/ down | | | | | Safety spotter will be used | | | | |
| Have ensured there is a safe place to stand when alighting from ladder | Will face towards ladder at all times during this task | | | | | | Will always stand at least 900mm from top of ladder and below the second tread below any top plate. | | | | | Ladder has been checked and is free of any damage including: warping, cracking, bruises, twisting, bends, crushes, worn, missing pieces. | | | | |
| Tools will be hoisted up after worker has climbed to top of ladder. | Before climbing ladder it will be tested by jumping on bottom rung | | | | | | Ladder used to access a roof is more than a metre above the roof line. | | | | | Ladder will be setup and removed by two or more persons. | | | | |
| Area is barricaded and signed so no pedestrian or bystander is at risk | Installation of Side braces / Cross braces to make the ladder rigid | | | | | | Tool lanyards, hard hats with chin strap | | | | | Other: | | | | |
| **Part 5: Permit Authorisation** (completed by **Work at Heights**  **PTW Authoriser,** and **Permit to Work Acceptor**). | | | | | | | | | | | | | | | | |
| I the **Permit to Work Authoriser**, authorise this work based on the control measures and precautions listed on this form. I have been informed by the Permit to Work Initiator that the listed controls are in place. The Permit to Work Acceptor has also agreed to ensure all persons performing work under this permit will be advised, understand and adhere to its requirements. | | | | | | | | | | | | | | | | |
| Name: | | | Signature: | | | | | | | Date: | | | Time: | | | |
| **Valid until**: | | | Date: | | | | | | | Time: | | | | | | |
| I the **Permit to Work Acceptor**, have discussed this work with the Permit to Work Authoriser and understand all aspects of the task. I shall comply with all provisions of this permit and shall convey these provisions and all relevant information to all persons involved in this task. | | | | | | | | | | | | | | | | |
| Name: | | | Signature: | | | | | | | Date: | | | Time: | | | |
| **Part 6: Permit Closure** (to be completed by **Permit to Work Authoriser** and **Permit to Work Acceptor**) | | | | | | | | | | | | | | | | |
| I, the **Permit to Work Acceptor** have inspected the worksite describe above and certify that:  All isolations, locks and tags have been removed and the plant/ area is safe to return to normal service | | | | | | | | | | | | | | | | |
| **PTW Acceptor:** | | | Signature | | | | | | | Date: | | | | Time: | | |
| I, the Work at Heights **Permit to Work Authoriser** by signing here advise that this permit is now cancelled; any additional work requires the issuing of a new permit. No further access is permitted until that occurs. | | | | | | | | | | | | | | | | |
| **PTW Authoriser:** | | | Signature | | | | | | | Date: | | | | Time: | | |