**Form: Work at Height Permit**

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| **College Use Only** |  | Permit No. |  |

**Permit Owner (Applicant) to complete Sections 1-8 and 10-11**

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| **SECTION 1. Permit Owner Details** | | | |
| Full Name |  | Company |  |
| Email Address |  | Contact Number |  |
| SRTafe Contact Worker |  | SRTafe Contact Number |  |
| Start Date/Time |  | End Date/Time |  |

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| **SECTION 2. Reason for work at height / scope of work** |
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| **SECTION 3. Location of work at height** |
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| **SECTION 4. Workers** | |
| Name of workers who are involved in the work at height | |
| 1. | 2. |
| 3. | 4. |

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| **SECTION 5. Type of work at height equipment (tick all applicable)** | | | |
|  | Fall Prevention Device (for example, fence, edge protection, working platforms or hole covers). |  | Work Positioning System (for example, fall restraint, horizontal anchor line, work position harness & lanyard). |
|  | Fall Arrest System (for example, industrial safety net, a catch platform, a safety harness & lanyard). |  | Elevated Work Platform (EWP). |
|  | Scaffolding |  | Ladder |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **SECTION 6. Additional permits required** | | | | |
| Confined Space | Excavation & Trenching | Hot Works | Water, Electrical & Gas Isolation | Fire Equipment Impairment |

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| **SECTION 7. Requirement checklist** | |
| The following minimum requirements MUST be met / understood / attached by the Permit Owner. | |
|  | Process: Work at Height – Confirm they have reviewed the Process. |
|  | Risk Assessment – Submit a JSA and/or SWMS with this permit form. |

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|  | Training Competency – Confirm that all workers who work at height / operate work at height equipment hold suitable qualifications and copies have been provided to the college or are attached with this permit form. | |
| Yes  No  NA | | Emergency Rescue Plan – Is attached with this application or included in SWMS. |
| Yes  No  NA | | Elevated Work Platform (EWP) – Confirm that if EWPs are used for work at height, appropriate hazards and risk controls are included in the risk assessment. |
| Yes  No  NA | | Isolation – Confirm you have discussed the scope of work with the college approving officer and understand the isolation requirements for the proposed work. |

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| **SECTION 8. Permit Owner – Submission sign-off** | | | |
| I understand this application and declare that all information given is true and accurate. I understand that prior to the commencement of work, this form and supporting documentation is subject to site review and approval. | | | |
| Permit Owner Name |  | | |
| Signature |  | Date |  |

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| **SECTION 9. College Use – Review & Approval** | | | |
| I confirm this permit form and supporting documentation has been reviewed and the permit is OPEN. | | | |
| Approver Name |  | Signature |  |
| Position |  | Date |  |

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| **SECTION 10. Permit Owner – Permit Open** | | | |
| I confirm that this permit is now OPEN and as the Permit Owner, I have control of the work activities covered by this permit. Daily revalidation shall be recorded prior to the commencement of work (if applicable). | | | |
| Permit Owner Name |  | | |
| Signature |  | Date |  |

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| **SECTION 11. Permit Owner – Review and Revalidation** (for permits longer than 1 day) | | | |
| Daily revalidation shall be recorded prior to the commencement of work. | | | |
| **Approver Name** | **Position** | **Signature** | **Date/Time** |
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| **SECTION 12. College Use – Completion of work** | | | |
| The Permit Owner advises work has been completed. I confirm the work area has been left in a clean, safe and acceptable condition and the Permit has been CLOSED. | | | |
| Approver Name |  | Signature |  |
| Position |  | Date |  |