

Attachment 2 Work at height Permit

Permit No - 00000000

Work Order No		Permit Raised By (Name)		Location of Work		Permit Valid From		Permit Valid To	
1. IS A PERMIT REQUIRED? (All boxes in this section must be marked 'YES' to proceed)						Yes			
Could an injury occur as a result of a person falling, or from falling objects?		Continue if the answer is "YES" to any of these questions							
Is a person required to work where there is a risk of falling 2 metres or more from one level to another?									
Is a person required to work within 2 metres of a void or opening where they can fall 2 metres or more?									
Is Work at Height PPE the main means of protection?									
Is a person using or exiting an EWP or Man Cage?									
Does a written JSA or SWP exist for this task?		If YES, ensure currency (review/update) If NOT, complete a JSA/SWP. Insert reference number below		Yes					
		No: _____		No					
Has the highest practical level of control been chosen to control the risks?		Refer to the Hierarchy of Controls							
2. WHAT IS THE WORK AT HEIGHT RISK? (✓ the appropriate boxes)									
	Scaffolding		Exiting from an EWP						
	Creating a hole or opening		EWP work						
	Roof work / Fragile surface		Fixed plant (non EWP)						
	Mobile plant		Mining related (dumps, benches, stockpiles)						
	Portable ladder (If working above 2m)		Other						
3. SCOPE OF WORK (No work outside this scope may be performed under this permit)									
4. WORK AT HEIGHT – FALL ARREST (✓ the appropriate box)									
A Work at Height Sentry is required – has a sentry been arranged for the duration of the work?					Yes		No		
The sentry must hold an OTML Authority to Operate for Work at Height									
Fall arrest approved by Manager				Signature					
Full name (please print)									
5. ADDITIONAL SPECIFIC CONTROLS (Is standby equipment required, communications, etc?)									
6. PERMIT APPROVAL									
Team leader (person in direct control of the work)									
• I have read and understood the requirements for this task and shall ensure that any person(s) working under this permit will meet all the requirements as stated on the JSA/SWP and/or risk assessment.									
• The following requirements are in place (✓ the appropriate boxes)					Yes		No		
• Sentry									
• Rescue plan									
• Barricade plan									
• JSA/SWP									
• Other permits									
• Take 5									
I authorise the task to commence subject to the conditions and precautions of the JSA/SWP and as indicated on this permit.									
Full name (please print)				Signature					
Date									

7. WORK CREW SIGN ON		As a member of this work crew I have read, understood and will comply with my duties as listed on this permit and attachments (e.g. risk assessment, JSA/SWP, checklist etc)									
Name	Company	Sign-on	Time	Sign-off	Time	Name	Company	Sign-on	Time	Sign-off	Time
1.						6.					
2.						7.					
3.						8.					
4.						9.					
5.						10.					
8 A. APPROVAL TO WORK IN A RESTRICTED CAPACITY -							8 B. Approval by General Manager / Executive Manager				
Work Crew Assessed as competent to wear harness and in using attachments as per the SWP for the task		<input type="checkbox"/> Yes	Name:		Signature:		Name		Signature:		
9. RECORD KEEPING											
Original		To be kept with the JSA/SWP at the work site until the job has been completed and the permit closed. Once this is done the original permit may be disposed of.									
Copy		To remain in the permit book.									

