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| K:\Active Projects\18009 Brand Development\05-Visual Identity Development\PMNZ Logo Suite\Port Marlborough Logo Suite\Secondary Logo (Horizontal)\CMYK (PRINT)\PML-Logo-Horizontal-CMYK.jpg |  **WORKING AT HEIGHT PERMIT** |
| **Date**  |  | **Job Location:** |  |
| **Work/Task/Project Description:** |  |
|  |
| **Company:** |   |
| **Permit Receiver (Name):** |  | **Signed:** |  |
| **Receiver Phone No. (Mobile):** |  |  |  |
| **Permit Issuer (Name):** |   | **Signed:** |  |

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| **PERMITS OVER 1 DAY (MAX 5 DAYS)** |
|  | Day 2 | Day 3 | Day 4 | Day 5 |
| Date: | / / | / / | / / | / / |
| Receiver: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Issuer: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Ensure all newly identified hazards and/or changes are communicated to the entire team |

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| **General** | **Working on the roof** |
| Has the PMNZ manager/supervisor for operational area been consulted and notified in writing | Y / N | Are work positioning or fall arrest systems in placewhere roof pitch exceeds 15 degrees | Y / N |
| Are weather conditions suitable (wind, rain etc) | Y / N | Are walkways, platforms or boards in place for workon fragile roofs (including within ceilings) | Y / N |
| Has area been signed & barricaded off from passingvehicles and to protect persons from entering area | Y / N | Are work positioning or fall arrest systems in placewhere work will be within 2m of the edge | Y / N |
| Do operators hold correct unit standard training | Y / N | Are barriers or guard rails in place where work will bewithin 2 meters of edge | Y / N |
| Does equipment hold current inspection tag and hasbeen inspected in good condition | Y / N | Are voids or skylights near work area barricaded | Y / N |
| Will the work impact on neighbouring areas | Y / N | **Elevated Work Platforms** (scissor lifts, man cages, cherry pickers etc) |
| Are lanyards or other measures in place to preventtools and equipment falling from heights | Y / N | Does the EWP hold current certification | Y / N |
| Is area free from other hazards such as power lines | Y / N | Does person hold qualification to operate EWP | Y / N |
| Harness/lanyard required or life vest if over water | Y / N | Harness & lanyard are worn | Y / N |
| Is a rescue plan required (print below) |  Y / N |  |  |
|  **Ladders** | **Scaffold** |
| Is the ladder AS/NZ standard, rated for **industrial** use,and in good working condition | Y / N | If fixed scaffolding it must be erected by a certifiedscaffolder / company | Y / N |
| Is ladder barricaded/signed from vehicles or personsin close proximity | Y / N | If mobile scaffolding it must be erected by acompetent person but cannot exceed 5 meters | Y / N |
| Is ladder secured during use and surface supportingladder is secure | Y / N | Is rechecked by certified scaffolder following severeweather, earthquake or impact from mobile plant | Y / N |
| Is ladder set to 4:1 ratio and extends 1m beyond stepoff point | Y / N | Has gradient, height, access, load and ground surfacebeen assessed when considering scaffold type | Y / N |

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| **Other controls:** |  |
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| **Rescue Plan:** |  |
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| *WORKERS ON SITE PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* |
| Name | Signature | Name | Signature |
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|  | SITE VISITS FOR VERIFICATION |  |
| Site visit details (date/ time) | Notes | Signature |
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