

Manildra Group Safety Form - Working at Heights Permit



Person in Charge to complete the sections that are applicable

Description of Work:	Location:
	Department/Company:
	Associated Work Permit(s):

Section 1 – Stop, Think and Check

Is a rescue plan required (FMSA248)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are alternate walkways and emergency egress/exit routes identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can the risk be eliminated? i.e. Can the work be done without working at heights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other hazards in the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can risk be isolated by erection of temporary barrier?	Yes <input type="checkbox"/> No <input type="checkbox"/>	All trip hazards identified and controlled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can engineering controls be applied, secure platform, or scaffolding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can objects be prevented from striking people?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are personnel trained and competent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If there is a danger of tools falling are tools fitted with a tool lanyard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can people be excluded from the fall risk area? (Erect a Safety Barricade if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 2 – Scaffolding

Is scaffolding in good condition and on stable ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>	For scaffolds of a height greater than 4m the scaffold must be Designed & erected by ticketed scaffolder and a scafftag installed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will scaffolding be sufficient for the task?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the scafftag in date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there safe entry and exit from the scaffold?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 – MEWP

Any overhead / underneath hazards to be considered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has stability of ground been inspected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the ground level?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will a standby person be required (requirement if using fall arrest harness)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre start and harness inspection and log book completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has barriers been erected to control people, approaching plant or passing traffic?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 – Fall Restraint

Have fall restraint and fall arrest differences been properly identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If inertia reels are required are attachment points located overhead and properly placed and secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment in good condition inspected and tagged?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are anchor points suitable, anchor points inspected and serviceable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the working at heights equipment requirements been identified? Including fall clearances considered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are people working in harnesses accompanied and is rescue available for a suspended person who may fall in a harness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where the work method requires persons to detach and re-attach at height, is a dual Lanyard system used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is adequate head protection with chin strap going to be worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
No one shall work alone when using a fall-arrest system. Is there more than one person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the fall arrest system installed so that the maximum distance a person would free fall before the fall-arrest system takes effect is two metres and there is enough distance for the system to deploy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 5 – Ladders

Does the ladder have a slip resistant base?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is ladder in good working order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the ladder be secure from falling over (secured at the top/bottom)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the ladder suitable for the job? (e.g. fibreglass for electrical work)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can a mobile step platform or a platform ladder be used instead?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is another person needed to hold the base of the ladder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the ladder be set up on firm, stable and level ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will I maintain 3 points of contact on the ladder?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6 – Person Working at Heights

I am competent to operate the equipment to be used in this task; I do not suffer from any condition that may impede my ability to work at height safely. e.g. vertigo, epilepsy, weight does not exceed harness system Safe Working Load (nominal 136kg).

Name	Date	Signature

Section 7 – Person in Charge

I have implemented the above controls.

Name:	Date:	Signature: 
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Additional controls required or comments: