

Scaffolding Permit

Description of Work:	Location:
	Department/Company:
	ATW No:

Scaffolding Type:			
Prefabricated Scaffold:	<input type="checkbox"/>	Hung Scaffold:	<input type="checkbox"/>
Spurred	<input type="checkbox"/>	Birdcage Scaffold:	<input type="checkbox"/>
Mobile Scaffold	<input type="checkbox"/>	Stretcher Stairs	<input type="checkbox"/>
		Cantilevered Scaffold:	<input type="checkbox"/>
		Overhead protective Structure (hoarding)	<input type="checkbox"/>
		Demolition structure:	<input type="checkbox"/>

Section 1 - Planning – Manildra Supervisor/leading Hand

Person in Charge to tick the boxes below to ensure you understand what is expected of you while executing the scope of work

Have you visited the area for the scaffold to assess the type, layout, hazards, obstructions, footings, etc?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Have you spoken with the Scaffold Contractor and given them a scope of works (can be verbal)?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you received a scaffold plan/layout from the scaffold contractor?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have you received a scaffold design from the contractor? (only for hung, spurred, cantilevered, use of ladder beams, use of containment sheeting, double legging, stretcher stairs, raker ties, loading bays)	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you discussed with the scaffold where suitable ties will be placed? (4m horizontally, 4m vertically)	Y <input type="checkbox"/> N <input type="checkbox"/>	Have you discussed where access to the scaffold will be placed?	Y <input type="checkbox"/> N <input type="checkbox"/>
Is this an emergency erection of scaffolding? Note: only basic scaffold can be erected (no engineered scaffolds)	Y <input type="checkbox"/> N <input type="checkbox"/>		

Section 2 - Planning – Scaffold Contractor

Have you visited the area for the scaffold to assess the type, layout, hazards, obstructions, footings, etc?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have you spoken with the Manildra supervisor and obtained a scope of works? (can be verbal)	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you know what the scaffold is to be used for?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you know where the access point to the scaffold is?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you prepared a scaffold plan/layout for the scaffold to be erected? (attach a copy to the permit)	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you know the duty rating of the scaffold to be used? (Light/Medium/Heavy)	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a copy of the required scaffold design detail? (engineered scaffolds as per section 1)	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Is further engineering inspection of the scaffold required? (Required for complex scaffolds absent detail)	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
Do you know how the scaffold will be tied to the supporting structure? What type of ties? _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the scaffold to have containment sheeting attached? (attach a copy of the design)	Y <input type="checkbox"/> N <input type="checkbox"/>
Is there a SWMS prepared specific for this job?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do the workers have the correct class of scaffolding HRW license for the proposed work? (SB, SI, SA)	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you know what area the scaffolding can be stored prior to erection? Is there room for all of the stillages?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have the weather conditions been assessed? Is it too wet or windy? Is a change in weather expected?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Is the scaffold to be erected within 4 metres to overhead powerlines?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the scaffold being erected in the Ethanol plant? (gas monitors are required and everyone trained)	Y <input type="checkbox"/> N <input type="checkbox"/>

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Section 3 - Work at Heights (Scaffolding) Tasks must be performed in order below

1. Can scaffolding be performed using approved 1m lift method?	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"/>
2. Can task be performed using EWP or Scissor lift? (Complete section 6)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other hazards in the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Will the task require the use of safety harness being used in fall restraint method? (Complete section 4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	All trip hazards identified and controlled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Will the task expose the worker risk of fall arrest? (Complete section 5)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are effective controls established to manage risk of falling objects? Includes people and equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a rescue plan been completed (FMSA248)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are tool lanyards fitted and used in areas where required? (<i>Live platforms and equipment, pedestrian access areas</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are workers trained and competent in the use of height safety equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is all height safety equipment tagged, registered and inspected by competent person?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 – Fall Restraint

Is there a risk workers can fall and be suspended in harness? (<i>If yes, stop and complete section 5</i>)	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"/>
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 all height safety equipment and anchor points of the required strength? (Min 15kn single or 21kn 2 persons)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a risk of pendulum affect during the task? (<i>If yes, controls must be put in place</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the rescue plan been completed (FMSA248)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 5 – Fall Arrest

Has the rescue plan been completed (FMSA248)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are suitable anchor points available to workers and at suitable locations? directly above workers at highest possible point	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are workers trained and competent in rescue scenario an equipment use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are adequate fall clearances available for workers in harness? Min. 5 metres from anchor point required.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is rescue equipment readily available at the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the rescue include the use of MEWP equipment? (Complete section 6)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6 – MEWP

Do workers and standby person hold current licence and competency to operate MEWP? (HRWL licence over 11m and Yellow card under 11m/scissor lift)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is standby person available and trained where MEWP is being used to perform task?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any overhead / underneath hazards to be considered?	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"/>
Is the ground level, and have travel locations been inspected?	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"/>
Prestart and harness inspection and log book completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Do you require approval to enter or exit the MEWP to a platform while in the elevated position? <i>If yes, then the Engineering Manager or his or her delegate must approve (refer to MG-OHS-0003)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Engineering Manager Name:	Date:	Signature:
Comments: <hr/> <hr/> <hr/> <hr/>		

Permit Completion - Person in Charge (PIC)		
Contractor Name:	Date:	Signature:
Manildra Supervisor:	Date:	Signature: