**A7 Working at Height Permit to Work**

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|  | | Permit to Work No: |
| **Working at Height Permit to Work** | | |
| **Site Name:** |  | |
| **Task Description:** |  | |
| **Area Location:** |  | |

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| **1. ISSUE** | Issued to |  | | | |
| Employed by |  | | | |
| I hereby declare that the following working at height area is safe to access: | | | | | |
| Method of access | |  | | | |
| Method of ‘falling from’ prevention | |  | | | |
| Method of ‘falling through’ prevention | |  | | | |
| Method of ‘falling off’ prevention | |  | | | |
| Method of ‘falling object’ prevention | |  | | | |
| Emergency/rescue arrangements | |  | | | |
| Warning signs posted at | |  | | | |
| Works to be carried out | |  | | | |
| **No other works to be carried out under this Permit to Work** | | | | | |
| Signed:  (AP WAH) | | | Name: | Date: | Time: |

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| **2. RECEIPT** | I hereby declare that I accept responsibility for carrying out the Working at Height tasks as detailed on this Permit and that no attempt will be made by me, or any person under my control, to carry out any other works. | | | |
| Signed:  (Competent Person) | | Name: | Date: | Time: |

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| **3. CLEARANCE** | This is to certify that the work above has been completed\*/stopped\* and that all persons under my control have been withdrawn and warned that it is no longer safe to access the Working at Height Area specified on this Permit and that all tools, equipment and materials have been cleared.  \*delete as appropriate | | | |
| Signed:  (Competent Person) | | Name: | Date: | Time: |

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| **4. CANCELLATION** | I checked the Working at Height area and \*I am/\*I am not satisfied that the works have been completed satisfactorily and the area shall be \*returned to service/ \*rejected for rework under a new permit.  **This Permit to Work is hereby cancelled**  \*delete as appropriate | | | |
| Signed:  (AP WAH) | | Name: | Date: | Time: |

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| **Notes:** |

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| **Site Plan.** Showing points of work , isolations, access and egress, fall prevention methods | | | | |
| **Pre Access Checks:** | | | | |
| Access Equipment Inspections | Yes / No / NA | Lighting/power checks | | Yes / No / NA |
| Fall Protection Equipment Checks | Yes / No / NA | Materials handling | | Yes / No / NA |
| Communication Equipment | Yes / No / NA | PPE | | |
| Weather Condition Checks | Yes / No / NA |
| Isolations in Place | Yes / No / NA |
| Signed:  (AP WAH) | Name: | | Date: | Time: |