

Working at Heights Permit

Project Name Details:

Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		ATCW #	

Disruption Details

Proposed Date of Works	
Proposed Time:	

Working at Height

Why must the works be undertaken at height? (Why can the works not occur at ground level?)	
What activity is being undertaken at height?	<input type="checkbox"/> Scaffolding (erect/dismantle) <input type="checkbox"/> Use of EWP <input type="checkbox"/> Excavation/Trenching <input type="checkbox"/> Removal of barrier or handrail <input type="checkbox"/> Working with ladders <input type="checkbox"/> Other:
What method of protection is being used to reduce the impact of a fall?	<input type="checkbox"/> Fall Restraint <input type="checkbox"/> Fall Arrest <input type="checkbox"/> Barriers <input type="checkbox"/> Other:
Safe Work Method Statement has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk assessment has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What controls will be in place to reduce the risk?	
Who is responsible for validating controls are in place and effective?	
Has a rescue plan been developed for the activity? (Submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who will check the scaffolding has a current tag?			
Is there a risk of falling objects and has this been controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has access and egress to the work area been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is barricading required around and below the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is extra PPE required for the worksite?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How is the currency of working at heights training undertaken on site?			
Who will undertake the work at height?	Name:		
	Qualifications Required #:		
	Required qualifications are in date, current and suitable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Submission			
Contractor Responsible for Works			
Email Address			
<i>I acknowledge I am the nominated person for the works and am responsible to ensure all required controls set out in the permit approval process are in place, effective and monitored throughout the works.</i>			<input type="checkbox"/>
<i>I will ensure that all persons on my site will comply with all controls identified as part of the risk assessment and review/approval stage.</i>			<input type="checkbox"/>
<i>I understand that there may be additional requirements as part of high-risk work permit approval, and will ensure all workers are aware, understand, and are signed on as part of my site induction process and prestart risk assessment.</i>			<input type="checkbox"/>
<i>I will confirm and document that workers have been inducted, understand the safe work method statements/procedures, and have correct licenses/competencies for the task they undertake.</i>			<input type="checkbox"/>
Completed By			
Name:		Signature:	
Position:		Date:	

AMG Approval			
Reviewed by: (Names)			
Approved by:		Date:	
Role:		Date/Time of Works:	
Comments:			