

WORKING AT HEIGHTS PERMIT



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

1. Planning – {UWA Responsible Officer must process}				Permit Number			
Does this permit combine with any other permits?							
Permit	Y	N	Number	Permit	Y	N	Number
Electrical Isolation	<input type="checkbox"/>	<input type="checkbox"/>		Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	
Entry into Confined Space	<input type="checkbox"/>	<input type="checkbox"/>		Work Area Access (Asbestos)	<input type="checkbox"/>	<input type="checkbox"/>	
Excavation	<input type="checkbox"/>	<input type="checkbox"/>					

Site work details			
Building/location:			
Purpose/type of work:			
Start date/time:		Finish date/time:	
UWA department or contractor (Company/Name):			

Potential Hazards and Considerations	
<p>Roof trafficable? Has a roof condition audit been completed by an accredited working at heights consultant – is the roof trafficable? Is the roof brittle with potential for collapse? Are there any unprotected openings/fall zones?</p> <p>Certified fall prevention system in place? If working on a building roof without a compliant walkway and edge protection - is there a current certified fall prevention system installed?</p> <p>Traffic management and exposure to the public Have the works/drop zone been delineated to protect the public by barricading and spotters? Have warning signs been installed around the barricading? Is there a need for a traffic management plan? Have access restrictions been planned? Have actions to reduce noise and dust been established?</p> <p>Overhead electrical services in proximity?</p> <ul style="list-style-type: none"> Have Western Power been contacted? Have the required isolations been approved? <p>Impedance of fire and emergency services Are fire and emergency facilities impeded i.e. fire hydrants and evacuation routes?</p> <p>Weather conditions? Are there strong winds, rain, hail and lightning?</p> <p>Emergency plans? Has an emergency rescue plan been established – managed lowered descent, standby EWP, etc? Is vertical rescue equipment available and in-service?</p>	<p><input type="checkbox"/> Has a risk assessment been undertaken that confirms:</p> <p>Are Elevated working Platforms (EWPs) fit for purpose? Are EWPs fit for the task to be undertaken? <input type="checkbox"/> Are there overhead structures which could be collided or entangled with? Are the EWP controls in calibration? Is the EWP licensed, in-service and prestart checks completed?</p> <p><input type="checkbox"/> Is the ground stable/capable of supporting the weight? Is the EWP at risk of being collided with by vehicular traffic? Do operators have the required training?</p> <p><input type="checkbox"/> Is fall restraint or arrest equipment serviced and inspected? Is Fall Arrest PPE fit for purpose – meets Australian Standards. <input type="checkbox"/> Has it been inspected within the last 6 months? Has it been serviced (breakdown) with the last 12months?</p> <p><input type="checkbox"/> Verification of Competency? Do persons have Working Safely at Heights training? <input type="checkbox"/> Have persons completed an accredited Rope Access course?</p> <p><input type="checkbox"/> Scaffolding and Ladders Fit for Purpose? Has scaffolding been erected by licensed persons and fit for the work – edge protection, bracing, wheels locked? <input type="checkbox"/> Scaffolding regularly inspected – Scaffolding tags? Are ladders fit for purpose and in good condition? <input type="checkbox"/></p>

Clearances:	Status	UWA Technical Officer Clearance Name/Signature
Roof Condition Audit? Certified Building Fall Prevention System? Risk Assessment Received?	Clear/Not clear	CM Capital Safety Officer:
Electrical – public or UWA overhead power lines?	Clear/Not Clear	CM Electrical Technical Officer:

Note: should any of the above services be marked *Not Clear*, then the following isolations or precautions shall be complied with.

Isolations required:

Precautions:

Authority to work

UWA RESPONSIBLE OFFICER (Project manager, maintenance manager or operations manager)

I acknowledge that I have clearly explained the requirements with the person/s undertaking the works and the precautions have been understood and the clearances and isolations have been obtained - stated above.

Full name:

Signature:

Date:

2. Acknowledgement – {Person undertaking must process}

PERSONS UNDERTAKING THE WORK

The representative of the person/s undertaking the working at heights acknowledges the works will comply with the above clearances, isolation requirements and precautions; and acknowledges that the work will be undertaken in accordance with the University contractor safety management procedures and the *Code of Practice: Prevention of Falls at Workplaces WA (2004)*.

Full name:

Signature:

Date:

3. Completion {UWA Responsible Officer must process}

UWA RESPONSIBLE OFFICER

All works associated with this permit has been completed, the work area and adjacent areas have been inspected after completion of the work. This permit is now relinquished.

Full name:

Signature:

Date:

Time:

Original copy kept at site

Photocopy kept with UWA Responsible Officer