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HSE OPERATIONAL CONTROL PROCEDURE	Document No	ADT-OP-309-FRM04
Form Title	Effective Date	30/06/2013
WORK AT HEIGHT PERMIT	Review Date	02/07/2019

Working at Heights is work in which there is a risk of an employee falling from any height from, into or onto a place. A place is at height when a person could be injured falling from it

Are the personnel working at height trained and competent? (3 <sup>rd</sup> party certificates attached)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has a trained and competent Standby Person been nominated?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 1 – Specification of Work**

Location of Work:	
Description of Work:	

**SECTION 2 – Persons Working at Height**

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. Eg. (Vertigo, epilepsy).

Name	Date	Signature

**SECTION 3 - Checklist Yes / No**

General	Y	N		Y	N
Can part of the job be performed at ground level?			Can people be excluded from the fall risk area?		
Will persons be kept more than 2m from unprotected edge?			Are alternative walkways and emergency egress/exit routes identified?		
Is barricading and signage provided?			All trip hazards identified and controlled?		
Equipment suitable for task?			Are tools fitted with a lanyard?		
Is there a potential for objects to fall from height? <ul style="list-style-type: none"> <li>Tools fitted with lanyards</li> <li>Debris nets</li> <li>Screened scaffolding?</li> </ul>			Work related PPE is available /using?		
People trained in equipment use? (3 <sup>rd</sup> party certificates attached)			Do all persons involved have a helmet chin strap attached?		
<b>Scaffolding</b>	<b>Y</b>	<b>N</b>	<b>Mobile Elevated Working Platform - MEWP</b>	<b>Y</b>	<b>N</b>
For scaffolds of a height greater than 4m the scaffold must be designed by competent scaffolder designer.			3 <sup>rd</sup> party certificate machine & operator (IPAF certificate attached)?		
Is scaffolding in good condition and on stable ground?			Has area been inspected for passing traffic?		
Will scaffolding be sufficient for the task?			Any overhead/ underneath hazards?		
Erected & Inspected by competent person (attach certificates) (PASMA for mobile prefabricated aluminium scaffolds)			Is the ground level and stable?		
			Standby ground person required for emergency operation?		
<b>Fall Restraint/Arrest</b>	<b>Y</b>	<b>N</b>	<b>Ladders</b>	<b>Y</b>	<b>N</b>
Harness inspection been carried out?			Are you using a ladder within the ladder length of a handrail or moving equipment?		
Equipment in good condition inspected and tagged?			Is ladder in good working order?		
Have fall restraint and fall arrest differences been properly identified and suitable equipment selected?			Is the ground level and stable & ladder secure from falling over?		
Have the working at heights equipment requirements been identified?			<b>Additional Checks Required/Completed</b>		
If inertia reels are required are attachment points located overhead and properly placed and secured?			.....		
Are anchor points suitable, anchor points inspected and serviceable?			.....		
			.....		
			.....		



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Is rescue available for a suspended person who may fall in a harness? .....

**SECTION 4 – Person In charge**

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read the attached risk assessment, procedures and Rescue plan and have the observed risk controls in place.

<b>Name:</b>	<b>Signature:</b>	<b>Contact No:</b>	<b>Company:</b>	<b>Date:</b> / /
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**SECTION 5 – No objection with stamp from concerned departments**

<b>Engineering</b>	<b>Operations</b>
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**SECTION 6 – Authorisation and Permit Validity (ADT HSE DEPARTMENT)**

<b>Date of issue</b> : / /	<b>Starting time</b> :..... hrs
<b>Date of expiry</b> : / /	<b>Expiry time</b> :..... hrs

I authorise the Work at Heights project to the conditions/precautions of the Risk Assessment as indicated on this Permit.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b> / /
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Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, fire, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

**SECTION 7 – Extension of Time**

<b>Date of issue</b> : / /	<b>Starting time</b> :..... hrs
<b>Date of expiry</b> : / /	<b>Expiry time</b> :..... hrs

**SECTION 8 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:**

All work associated with this Working at Heights Permit has been:	<input type="checkbox"/> <b>COMPLETED</b> <input type="checkbox"/> <b>SUSPENDED</b> <input type="checkbox"/> <b>CANCELLED</b>
The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment has been checked and restored correctly.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional comments:  
 .....  
 .....  
 .....

<b>Company:</b>	<b>Name of the person:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Time :</b>
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