|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| K:\Active Projects\18009 Brand Development\05-Visual Identity Development\PMNZ Logo Suite\Port Marlborough Logo Suite\Secondary Logo (Horizontal)\CMYK (PRINT)\PML-Logo-Horizontal-CMYK.jpg | | WORKING AT HEIGHT PERMIT | | | | | |
| **Date:** |  | | | **Job Location:** | |  | |
| **Work/Task/Project Description:** |  | | | | | | |
|  | | | | | | | |
| **Company:** |  | |  | | | | |
| **Permit Receiver (Name):** |  | |  | | **Signed:** | |  |
| **Receiver Phone No. (Mobile):** |  | |  | |  | |  |
| **Permit Issuer (Name):** | | |  | | **Signed:** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERMITS OVER 1 DAY (MAX 5 DAYS)** | | | | |
|  | Day 2 | Day 3 | Day 4 | Day 5 |
| Date: | / / | / / | / / | / / |
| Receiver: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Issuer: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Ensure all newly identified hazards and/or changes are communicated to the entire team | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General** | | | **Working on the roof** | |
| Has the PMNZ manager/supervisor for operational area been consulted and notified in writing | Y / N | | Are work positioning or fall arrest systems in place  where roof pitch exceeds 15 degrees | Y / N |
| Are weather conditions suitable (wind, rain etc) | Y / N | | Are walkways, platforms or boards in place for work  on fragile roofs (including within ceilings) | Y / N |
| Has area been signed & barricaded off from passing  vehicles and to protect persons from entering area | Y / N | | Are work positioning or fall arrest systems in place  where work will be within 2m of the edge | Y / N |
| Do operators hold correct unit standard training | Y / N | | Are barriers or guard rails in place where work will be  within 2 meters of edge | Y / N |
| Does equipment hold current inspection tag and has  been inspected in good condition | Y / N | | Are voids or skylights near work area barricaded | Y / N |
| Will the work impact on neighbouring areas | Y / N | | **Elevated Work Platforms** (scissor lifts, man cages, cheery pickers etc) | |
| Are lanyards or other measures in place to prevent  tools and equipment falling from heights | Y / N | | Does the EWP hold current certification | Y / N |
| Is area free from other hazards such as power lines | Y / N | | Does person hold qualification to operate EWP | Y / N |
| Harness/lanyard required or life vest if over water | Y / N | | Harness & lanyard are worn | Y / N |
| Is a rescue plan required (print below) | | Y / N |  | Y / N |
| **Ladders** | | | **Scaffold** | |
| Is the ladder AS/NZ standard, rated for **industrial** use,  and in good working condition | Y / N | | If fixed scaffolding it must be erected by a certified  scaffolder / company | Y / N |
| Is ladder barricaded/signed from vehicles or persons  in close proximity | Y / N | | If mobile scaffolding it must be erected by a  competent person but cannot exceed 5 meters | Y / N |
| Is ladder secured during use and surface supporting  ladder is secure | Y / N | | Is rechecked by certified scaffolder following severe  weather, earthquake or impact from mobile plant | Y / N |
| Is ladder set to 4:1 ratio and extends 1m beyond step  off point | Y / N | | Has gradient, height, access, load and ground surface  been assessed when considering scaffold type | Y / N |

|  |  |
| --- | --- |
| **Other controls:** |  |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |  |
| --- | --- |
| **Rescue Plan:** |  |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| *WORKERS ON SITE PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* | | | |
| Name | Signature | Name | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |